# HOW DOES EARLY LIFE ADVERSITY IMPACT ON SOCIAL INTERACTION AND SCHOOL ENGAGEMENT IN MIDDLE CHILDHOOD IN IRELAND?

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## Abstract

Current literature suggests that adversity in early childhood is thought to affect some areas of later development. When examining the impacts of early childhood deprivation, the development of intercountry adopted (ICA) children is of major interest to researchers as their circumstances provide a good example of early childhood adversity which ended abruptly (Rutter et al., 2001; O'Connor, 2003; Haugaard and Hazan 2003). From about 1990 Ireland has become a *receiving* country for many children adopted from overseas. However, very little research has been carried out in Ireland on ICA children.

Many diverse areas of later development have been examined in ICA children internationally, but there appears to be a dearth of literature exploring the social interaction and school engagement of post-institutionalised (PI) ICA children in middle childhood. While many studies make broad references to pre-adoption living conditions in general, few studies appear to have any measure of individual ICA children's living environment when exploring their later development. For this reason, the current study explored how early life adversity impacted on the social interaction and school engagement of ten post-institutionalised ICA children in middle childhood in Ireland, while also gaining some insight into the level of adversity endured by each of them pre-adoption. Having information about individual ICA children's pre-adoption living environment may positively influence support strategies utilised by teachers and other professionals working with the children.

A qualitative approach was used to explore the research question through the perceptions of ten adoptive parents of PI ICA children and each of the children's teachers. Findings in the current study suggest that the majority of the ICA children were exposed to pre-adoption conditions in line with level two of Gunnar's (2001) categories of deprivation, where children's medical and physical needs were met but emotional needs were neglected. Many of the children were reported to have ongoing difficulties with language, attention and sensory difficulties, which impacted on their social interaction and school engagement.

The majority of participants reported that many ICA children were observed to be hyper-vigilant for much of their time in school. According to teachers, this state of heightened alertness and associated stress appeared to interfere with the ICA children's learning. These findings are in line with the literature, suggesting that a state of *toxic stress* may be associated with chronic neglect and may impact on brain development, which is especially malleable in early childhood (The National Scientific Council on the Developing Child, 2014).

Findings demonstrated that the early neglect suffered by ICA children may not only serve an adaptive purpose affecting children's social interaction and school engagement, but also implied that some teachers may not be fully tuned into ICA children's needs. Management strategies in the classroom varied, with better outcomes reported by parents and teachers where there was good home–school communication and noticeably where teachers had studied psychology as part of their training.

Findings in this study highlight the need for detailed developmental assessments for ICA children as well as ongoing monitoring and intervention in specific areas of development. According to the findings there is also an urgent need for more information regarding the impact of early adversity, especially for teachers and professionals working with ICA children. The significant finding, that teachers who have psychology as part of their training had a better understanding of the effects of early adversity, suggests that consideration should be given to the concept of a module in psychology being included in all teacher training.

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**Glossary of Terms**

**AAI: Adoption Authority of Ireland:** is an independent body established on 1 November 2010 under the Adoption Act 2010. The Adoption Act was introduced in order to improve standards in both domestic and intercountry adoption in Ireland. Under current legislation the Adoption Authority of Ireland has the sole right to grant or refuse adoption orders: https://aai.gov.ie/

**ADHD:** Attention deficit hyperactivity disorder is defined by DSM IV as a persistent pattern of inattention and/or hyperactivity – impulsivity that is frequently displayed. For a diagnosis of ADHD individuals must meet a number of criteria associated with attention, hyperactivity and impulsivity.

**BERA:** British Educational Research Association: http://www.bera.ac.uk

**DEIS:** Delivering Equality of Opportunity in Schools. Schools may be classified as disadvantaged by the Social Inclusion Section of the DES using the DEIS Banding categorisation: http://www.education.ie/en/Schools-Colleges/Services/DEIS-Delivering-Equality-of-Opportunity-in-Schools

**Direct Provision:** Direct provision is a means of meeting the basic needs of food and shelter for asylum seekers directly, while their claims for refugee status are being processed, rather than through full cash payments. Direct provision commenced in Ireland on 10 April 2000, from which time asylum seekers have received full board accommodation and a small weekly personal allowance.

**Disinhibited Attachment Pattern:** A pattern of behaviour in which a child displays a reduced or absent reticence in approaching and interacting actively with unfamiliar adults. S/he may willingly walk away with strangers.

**DSED** Term *disinhibited social engagement* (DSED) used by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) to describe indiscriminate friendliness/disinhibited attachment pattern (American Psychiatric Association, 2013).

**DSM:** Diagnostic and statistical manual of mental disorders.

**Hyper-vigilant**: A state of being in high alert and watching everything around him/her.

**IC:** Intercountry.

**ICA:** Intercountry adopted.

**Intercountry Adoption**: When a child is adopted from their country of birth to live in another country.

**Internalizing Behaviour**: This may be characterised by quiet, internal distress rather than overtly, socially negative, or disruptive behaviour (Tandon et al., 2009)

**Institution:** Institution refers to an orphanage or a baby home where many children lived prior to adoption.

**I/O** - Inattention/overactivity**.** This was found to persist in many ICA children who experienced severe deprivation prior to adoption and was associated with insecure attachment. Some types of I/O may be classed as being an institutional deprivation syndrome (Kreppner et al., 2001)

**Learning Support**: When a pupil receives supplementary teaching where there is an incidence of learning disability.

**PI:** Post-institutionalised and refers to life after being in an institution.

**Primary School:** In Ireland children attend primary school between the ages of four and twelve. Primary schools are also referred to as national schools. Primary school covers eight years - a two-year infant cycle followed by six years from first to sixth class. https://www.education.ie/en/Parents/Information/A-Guide-to-the-Irish-Education-System.pdf

**Quasi Autism:** Children who were diagnosed with *quasi-autism* had traits which resembled *standard* autism but were atypical in some respects, including the tendency for the autistic-type behaviours to lessen over time (Rutter et al., 1999).

**RAD:** Reactive attachment disorder may be diagnosed where a child is not able to easily form a normal or loving relationship with others. It is considered to be a result of not forming an attachment to any specific caregiver when very young.

**Receiving country:** The country into which an ICA child is adopted.

**Resource Teaching:** provides supplementary teaching for pupils with low-incidence special educational needs.

**Sending country:** The country of birth and from which an ICA child was adopted.

**SPD (Sensory Processing Disorder):** A disorder of the sensory systems where there may be over-sensitivity or under-sensitivity in any of the sensory systems such as touch, hearing, balance or vision (Ayers, 1991)

**The Hague Convention**: The *Convention*, which was concluded in The Hague, Netherlands, on 29 May 1993, establishes international standards of practices for intercountry adoptions. Countries, including Ireland, who have ratified the *Convention* must follow certain rules in relation to intercountry adoptions. The *Convention* recognises intercountry adoption as a means of offering the chance of a permanent home to a child only when a suitable family has not been found in the child's country of origin: http://www.hcch.net/upload/conventions/txt33en.pdf

**Toxic Stress:** Severe stress and maltreatment in early childhood may have the potential to cause changes in brain development resulting in *toxic stress*

**UK:** United Kingdom.

**US:** United States

# CHAPTER 1: INTRODUCTION

## 1.1 Introduction

This thesis introduces the concept of adversity in childhood and the possible impact that this may have on children's later ability to form relationships and engage with school. The first section in this chapter describes the focus of the research, before moving on to contextualize the study and to define some terms which will be used throughout the document. The rationale for the study is then provided. This is followed by a discussion of previous relevant research where attention is drawn to gaps identified in the literature. Following on from this, the main aim and objectives of the research are outlined and a list of the research questions is provided. The philosophical approach of the study is explained, including a synopsis of the proposed methodology. Important ethical considerations in this sensitive exploratory study are highlighted. The significance of the study is then outlined, followed by reference to a number of study limitations. Reasons for personal interest in the study are then proffered. Finally, the structure of the thesis is outlined.

## 1.2 Focus of the study and definition of terms

This study set out to explore how early life adversity impacted on social interaction and school engagement in middle childhood in Ireland. Similar to many other studies investigating the later effects of adversity in recent decades, the current study focused on intercountry adopted (ICA) children, as their circumstances offered a good example of early childhood adversity which ended abruptly (Rutter et al., 2001; O'Connor, 2003; Haugaard and Hazan, 2003). Early childhood adversity may be described as that of severe deprivation, a situation where a child frequently has no particular person who looks after and cares for him/her in a personal way and with whom s/he feels safe and secure; this may have long term consequences on his/her capacity to build relationships later in life (Bowlby, 1952, 12). Childhood adversity may be caused by a variety of factors including family or neighbourhood violence, parental divorce, and/or witnessing or experiencing abuse (Shonkoff and Garner, 2012). In this study adversity was deemed to be present where there was a reduced level of care related to neglect and deprivation (Juffer et al., 2011) and, in the context of ICA children, adversity was associated

with early life institutional care which was assumed to be a poor quality environment for child development (Greene et al., 2008).

Adoption is defined as a legal procedure through which a permanent family is provided for a child whose birth parents are unable, unwilling or are legally prohibited from taking care of the child (Triseliotis et al., 1997). Intercountry (IC) adoption, also known as international adoption, refers to the adoption of foreign born children by citizens of another country (Meese, 2005).

Social interaction is an underlying element of normal social life, or the ways in which people relate to other people and respond to how other people behave (University of Minnesota Libraries, 2010). Thus, social interaction in children was understood for the current study, in its broadest sense, as the capacity to relate to and respond to others such as: communicate appropriately with adults and children through conversation and behaviour; play with other children; develop relationships and build and maintain friendships. There appears to be many different interpretations for the meaning of school engagement. However, the interpretation by Fredricks et al. (2004) was deemed appropriate for this study. Such an interpretation subscribes to the view that there are a number of different aspects to school engagement such as: behaviour engagement which draws on the notion of participation to include academic, social and extracurricular involvement; emotional engagement to include interactions and reactions to teachers and peers; and cognitive engagement which draws on the idea of an interest in academic work and a willingness to make an effort to understand and complete tasks in school (Fredricks et al., 2004). While the definition for middle childhood is contested, for the purpose of this study the broadest interpretation - between the ages of eight and twelve years, was adopted. The reasons for choosing this age group are outlined in Chapter 3.

### 1.3 Context of the study

This study, exploring how early life adversity impacts on social interaction and school engagement in middle childhood in Ireland, was carried out by interviewing adoptive parents and teachers of each of ten intercountry adopted (ICA) children attending primary school in Ireland. In Ireland, children attend primary school between the ages of four and twelve years and primary education is also referred

to as first level education (Department of Education and Skills, 2017). ICA children as a group, appear to be of particular interest to researchers as: (a) the level of adversity, to which ICA children may have been exposed to pre-adoption, is more or less independent of individual children's characteristics or behaviours; (b) large numbers of children are involved and, therefore, some of the conclusions drawn from research findings may be reported with a reasonable level of confidence (Greene, 2008). Although, globally, the numbers of ICA children have declined since 2004, approximately 410,000 children were adopted outside their country of birth in the decade 2000–2010 (Selman, 2012).

The quality of care in institutions and the length of time children spend there, prior to adoption, appear to be related to their post-adoption adaptation and progress. Many studies described some of the conditions to which ICA children who lived in institutions were exposed pre-adoption (Rutter al., 1998; Nelson, 2007; Groze and Ileana, 1996). Gunnar (2001) identified three categories of care in institutions, according to the level of deprivation the children endured. Details of those levels of deprivation are outlined fully in Chapter 2 as they provide a framework on which to gauge the level of adversity to which the ICA children in this study were exposed. There is usually a sudden and a stark change for the ICA children when they are moved from severely deprived pre-adoption living conditions, such as those that exist in institutions, to usually above average rearing conditions with an adoptive family (Rutter et al., 2004). Up until 2015, a total of 6857 children were adopted into Ireland from over forty different *sending* countries, mostly Russia (Adoption Authority of Ireland (AAI), 2016).

### 1.4 Rationale for the study

A number of studies explored the effects of early adversity on babies and young children following institutionalisation (Bowlby, 1952; Rutter et al., 1998; Rutter et al., 2001; Beckett et al., 2006; Nelson et al., 2007). While the majority of children showed remarkable recovery and developmental catch-up, some continued to have challenges in specific areas, such as in social skills and in making friends (Rutter et al., 2004). The study by Rutter et al. (2004) was based on children who were reported to have endured extreme deprivation in Romanian institutions. Other studies reported a higher prevalence of emotional and behaviour problems in ICA children compared to non-adoptees (Beckett et al., 2006; Morison et al.,

1995). However, those studies were also based on ICA children from Romanian institutions. Findings may be different for children who lived in different institutions, as living conditions may vary or conditions may have improved in more recent times. Not all ICA children who lived in institutions had similar behavioural outcomes, as the level of care may influence outcomes, according to Lee et al. (2010). Lee's study described the level of deprivation in Korean institutions as being in line with level three in the categories of deprivation defined by Gunnar (2001), where all the needs of the children were met with the exception of a long-term relationship with a primary care-giver. Findings by Lee et al. (2010), that all children who continued to live in Korean institutions did not fare equally poorly, suggests that different pre-adoption environments may lead to different outcomes.

The majority of ICA children in Ireland were born in countries of the Russian Federation and, because Romania ended its bilateral agreement with Ireland at the beginning of this century, the majority of Romanian adoptees living in Ireland are now adolescents or adults (AAI, 2011). Therefore, as this study related to children in middle childhood, it was of interest to explore the impact of early adversity on social interaction and school engagement of ICA children from other countries, apart from Romania.

### 1.5 Synopsis of literature

Evidence suggests that the severely deprived conditions, which many ICA children were exposed to pre-adoption, had adverse effects on them in terms of their later development (Groze and Ileana, 1996; Johnson, 2000). Nevertheless, the majority of ICA children made enormous gains following adoption (Rutter et al., 2001). Compared to the amount of research on other aspects of ICA, there seemed to be a dearth of literature relating to the social interactions and school engagement of adoptees. Some studies explored the social skills of ICA children whose early lives were in institutions, and others have highlighted aspects of social adjustment, as part of a broader study (Tan, 2006; Beverley et al., 2008; Julian and McCall, 2016). There are conflicting reports about the peer relationships of ICA children. One study, included as part of a wider study of a cohort of ICA children from Romania, found that, at eleven years of age, they had more difficulties with peer relationships, especially those who had longer periods of deprivation in Romanian institutions (Sonuga-Barke et al, 2010). The study by Sonuga-Barke (2010) used a

comparison group of within-country adoptees in the UK and a group of non-adoptees. In contrast, PI South Korean, Sri Lankan and Colombian IC adoptees had better social relations than their non - adopted peers and also displayed more favourable behaviour (Stams et al., 2000).

A number of studies, while exploring the impacts of early childhood deprivation, highlighted social skills and school engagement as a consequence of other issues. For example, children who had lived in institutions prior to adoption were observed to have an indiscriminate reactive attachment disorder which affected their social skills and relationships later in life (Smyke et al., 2002). When a child has an indiscriminate attachment disorder s/he may have difficulty establishing or understanding social boundaries and may walk away with a stranger (Bos et al., 2004; Zeanah et al., 2004). Bowlby's (1952) theory linking the quality of infant care and maternal attachment in early childhood, was supported by Verissimo and Salvaterra (2006), who suggested that the quality of the infant mother attachment had more of a bearing on a child's later attachment style than age at adoption. However, some studies found that institutional living influenced other areas of development, such as the study by Rutter and O'Connor et al. (2004) which suggested that deprivation and neglect of children in early life may have contributed to possible adverse changes to their developing brains, resulting in inattention/overactivity (I/O) later in life. Interestingly, the longer the time that ICA children lived in institutions the more obvious were the signs of I/O (Stevens et al., 2008).

Language skills are considered to be an important communication tool for peer relationships and school engagement. Expressive language skills of ICA children at two to three years of age predicted outcomes for their social skills and behaviour challenges at six to nine years of age (Glennen and Bright, 2005). Glennen (2002) suggested that language development of ICA children may be different from children adopted within their country of birth or non-adopted children, who continued to live in their birth families. One reason for the difference in language development may be that ICA children generally have to suddenly change from the language of their birth country and then start a new language in their adopted country (Glennen and Masters, 2002). However, changing language to that of their adopted country is clearly not the only reason for the delay in ICA

children's language development, as one third of children who continued to live in institutions were diagnosed with some type of language disorder (Dalen, 2002). Other reasons may be related to, as suggested in the literature, the low level of stimulation available in the institutions or that there may be a sensitive period for the development of language (Greenough and Black, 1992).

Disruption to ICA children's sensory systems and some later effects are also highlighted in the literature. Processing sensory information in areas such as visual, auditory, vestibular, emotional and tactile areas, as a result of sensory deprivation in the institutions, was an issue for many ICA children leading to under- or over- sensitivities and thus contributing to possible academic and social challenges later (Wilbarger et al., 2010).

Severe stress and deprivation in early childhood is also highlighted as having the potential to cause changes in the developing brain, affecting and resulting in what is described as *toxic stress* (Teicher et al., 2003; Perry, 2009; Shonkoff and Garner, 2012). Studies in the past decade have begun to highlight the importance of understanding how children's biological processes interact with their environment at sensitive periods of development, thus shaping the architecture of each child's brain and influencing their interactions in later life (Teicher et al., 2003; Obradovic et al., 2010; Chiang et al., 2015).

Other studies, such as Pollak et al. (2010), support the notion that specific areas of the brain were particularly vulnerable to postnatal deprivation, especially working memory or areas of the brain necessary for complex tasks. There were conflicting reports regarding school performance of ICA children. Although the ICA children's IQ performance in a large meta-analysis was similar to their non-adopted siblings in their adoptive families, their language skills and school performance lagged behind and a higher number of them developed specific learning problems (van Ijzendoorn et al., 2005). However, when the ICA children were compared to their non-adopted birth family siblings or peers who remained behind in institutions, the ICA children performed much better on IQ tests (van Ijzendoorn et al., 2005). Nevertheless, not all ICA children lagged behind. Adopted children from Korea outperformed ICA children from other countries and also their non-adopted peers

in their adopted country, especially in areas related to cognitive competence (Vinnerljung et al., 2010).

The literature review also referred to the low level of awareness amongst different professionals regarding the impact of early adversity and issues associated with ICA children. No studies were sourced which reported a good level of awareness amongst professionals working with ICA children. Most studies were based on the assumption that ICA children were exposed to a certain level of deprivation in their birth country prior to adoption. Very few studies appeared to have specific information related to individual ICA children's living environment, while exploring their later development. For this reason, in the current study the researcher endeavoured to get some insight into the level of each of the PI ICA children's pre-adoption living environment, while exploring their later social interaction and school engagement. Having some information about individual children's pre-adoption living environment may better empower teachers and other professionals in offering them support. There does not appear to be data available in the literature on types of teaching strategies, which best support ICA children who had been exposed to adversity early in life.

The extant literature on the subject of ICA children suggested that early life adversity suffered by children of intercountry (IC) adoption may not only serve an adaptive purpose affecting children's social interaction and school performance but also implied that some teachers were not fully tuned in to ICA children's needs (Meese, 2002; Greene et al., 2007). In the current study ICA children who lived in institutions prior to adoption were chosen as subjects, in order to explore the impact of early adversity on their later social interaction and school engagement.

### 1.6 Aim and objectives

The primary aim of the study was to explore the impact of early adversity on social interaction and school engagement in middle childhood in Ireland. A specific objective was to explore the level of understanding regarding the impact of early adversity amongst professionals working with ICA children. Another objective of this study was to contribute to knowledge with a view to supporting ICA children, adoptive parents, teachers and other professionals working with the children. An

objective also was to add to the body of knowledge for policy makers and government bodies associated with IC adoption.

### 1.7 Research questions

This study sought to address the following three research questions:

1. How do post-institutionalised intercountry adopted children socially interact and engage in school?
2. How does teachers' knowledge of the effects of early deprivation influence their perceptions of intercountry adopted children's behaviour or shape how they support the children in the classroom?
3. What are the key areas in which teachers, adoptive parents and other professionals might focus, in order to support ICA children's social interaction and school engagement?

### 1.8 Philosophical underpinnings

As philosophical underpinnings are central elements in criticality and appraisal of the completed study, it is important that these were outlined as part of the research process (Bryman, 2012).

Ontology refers to "the nature of reality" (Cohen et al., 2011, 33) which in turn gives rise to epistemology, or "what is the relationship between the knower and the known?" (Denzin and Lincoln, 2003, 33). The current study was based on this researcher's ontological assumption that people are involved in creating the social world and the social world is made up of people who interact and bring different emotional responses to it (Bryman, 2004). The intention in this study was to report on the multiple realities or the perceptions of each of 20 participants. The researcher's ontological assumptions align with her epistemological assumptions, which recognise the importance of human behaviour. With this in mind, she believed that it was necessary to have direct contact with the participants in the study, whose perceptions and beliefs she wished to explore, and report their perceptions accurately in an objective and unbiased manner. The axiological belief of this researcher was that she may be unconsciously bringing her own values to the research, as her presence persists in her writing throughout the thesis and, although the findings represented perceptions of the participants, presentation and

interpretation by the author was also considered (Creswell, 2013). It is important to be aware that people may construe similar events in a different way (Mack, 2010). This study was informed by a relativist ontology, where realities are understood in numerous different and abstract mental forms (Guba and Lincoln, 1994). Therefore, the qualitative approach used in the current study was in concert with a relativist ontology and operated within the framework of an interpretivist paradigm. The intention in this study was to explore the research question in depth, through the perceptions of adoptive parents and teachers.

### 1.9 Synopsis of design, methods and sampling strategy

This study followed a qualitative case study approach to explore how early adversity impacts on the social interaction and school engagement in middle childhood in Ireland. This may be described as a single case-study, in that participants were either a parent or a teacher of an ICA child. A single case study design was chosen, as an in-depth understanding of each case was required (Creswell, 2013). This was in preference to a phenomenology approach where there is a focus on a single idea or concept (Creswell, 2013). While direct contact with the ICA children themselves for the purpose of data collection, rather than with their parents and teachers, would be more in line with this researcher's ontological and epistemological assumptions, she made the decision not to engage directly with the children for two reasons. One was based on adoptive parents' reports that many ICA children did not wish to discuss their adoption with people outside the family. The second reason was related to the sensitive nature of the inquiry and to the fact that adoptive parents and teachers are very well positioned to answer the research questions considered relevant to this study.

In line with a qualitative approach, semi-structured interviews were considered to be the most appropriate tool for data collection as they allowed the researcher to ask questions and use prompts to delve deeper where necessary, in contrast to structured interviews where the research questions are clearly specified (Bryman, 2012). While semi-structured interviews were the main source of data collection in the current project, annotations and observations by the researcher at the time of the interviews, along with memos from available relevant documents or reports were also included as support methods. A total of twenty participants - 10 parents

of each of ten PI ICA children and each child's teacher were the subjects of inquiry in this study.

There were many stakeholders and for that reason, as well as the sensitive nature of the exploration, it was of utmost importance that ethics was an important element from the outset of this study and at every stage of the process, up to and including data storage, analysis and distribution of data. The researcher's positionality was also an important consideration in the study and this, together with details of the ethical considerations, is outlined in Chapter 3 on methodology.

### 1.10 Significance of the study

This study aimed to contribute to a growing area of research on ICA children by exploring the impact of early adversity on social interaction and school engagement in middle childhood in Ireland. The importance and originality of the study is that it sought to acquire, albeit through adoptive parents' recollections at the time of visiting the institutions, some information regarding the level of adversity, to which each of the ten ICA children were exposed. This is important as many studies in the literature review were based on an assumption of adversity because of the fact that the ICA children had come from an institution in one of the *sending* countries. It is hoped that this research will contribute to a deeper understanding of how ICA children socially interact with their peers and engage in school. Some understanding of the link between early adversity and ICA children's later adjustment may offer important insights for people who may be considering adopting a child from overseas and also for teachers and other professionals, who work with children from IC adoption.

Since Ireland ratified the *Hague Convention (1993)* in 2010 (AAI, 2016), in order to ensure the protection of children and co-operation between countries with respect to ICA, interested parties are concerned that ICA children will, in the future, be older at time of adoption (Gartland, 2013). Findings in the literature suggested that ICA children, who were older when adopted, had more challenges in some areas of development, compared to those adopted when younger (Rutter et al., 1998; O'Connor et al., 2000; Howe et al., 2001). The AAI, and also adoptive support groups, may be interested in findings from the current study, with regard to ICA children residing in Ireland.

### 1.11 Possible limitations to study

The reader needs to be mindful that this was a small study, based on 10 PI ICA children in Ireland in a certain age bracket and, therefore, may not be reflective of PI ICA children in general, even within the same age category. It was based on the perceptions of one adoptive parent and one teacher of this group of PI ICA children and therefore interviews with the other parent (in cases where there were two parents), or indeed with a different teacher regarding the same children, may differ considerably. Previous research suggested that behaviours and abilities can be attributed to a combination of nature and nurture: nature is thought to have more of an impact as adoptees get older (Barth, 2002). As so little was generally known about ICA children's birth families (Roy et al., 2000; Greene et al., 2007; Dalen and Rygvold, 2006), this important part of each child's life was not included when exploring the impact of later adversity on the ICA children in this study. A potential criticism of the study might be that there was no attempt made to examine school results in different subjects in the curriculum when exploring school engagement. However, the intention was to get a broad overview of school engagement through the perceptions of relevant people rather than to measure cognitive ability of the ICA children.

### 1.12 Reasons for personal interest in the study

The researcher in the current project works in a clinic where school age children are referred because of specific challenges in areas such as learning, language related problems, social/emotional interaction, behaviour and concentration. ICA children began to be adopted to Ireland initially from Romania around 1990 and then, at a later stage, from other countries. From about the mid-1990s many ICA children were presenting at the clinic for support and treatment because of developmental challenges. Although the majority of children attending for treatment are non-adopted children living with their birth families, the number of ICA children who attend appears to be disproportionally high. Adoptive parents, in general, had high expectations for their ICA children (Tieman et al., 2005), and adoptive parents were very tuned in to their ICA children's needs (Meese, 2005). Therefore, those may be some of the reasons why the numbers of ICA children who are taken by their parents to this clinic are high. Nevertheless, based on reports from their adoptive parents, a high number of ICA children who attended the clinic had particular difficulties in some areas, especially around

establishing and retaining friendships or engaging with their peers or aspects of the curriculum in school. For this reason, the researcher in this study chose to focus on some aspect of ICA children's social relationships and school engagement. She was curious to explore whether similar issues were reported for ICA children who did not attend the clinic. Interestingly, at that time, while consulting with other professionals in relation to particular ICA children, there appeared to be very little awareness about the effects of deprivation in early childhood or whether ICA children had more or less challenges in some areas, compared to non-adopted children. While there were some data available on domestic adoptees, there were very little available in relation to ICA in Ireland, apart from an Irish government funded study by Greene et al. (2007). Some overseas studies, including Rutter and members of the ERA Team in the UK (2001, 2004 and 2007), have produced an abundance of data on many areas related to children from ICA and, even since starting the current project, many interesting data have become available on different aspects of ICA. Therefore, as well as contributing to the body of knowledge related to the impact of early adversity in specific areas, the researcher in this study also looked forward to the findings from this project so that she could better support ICA children in her work.

### 1.13 Outlining the structure of the thesis

The overall structure of the study takes the form of five chapters. This first chapter establishes the focus and context of the study. Chapter 2 conceptualises the research by providing background information on ICA on both an international and a national level. It then reviews and critically analyses the literature from which the research questions for this study emerged. Chapter 3 is concerned with the methodology employed for this study. Chapter 4 presents the findings of the research and discusses these in relation to the literature. Chapter 5 summarises and brings together the main areas covered in the writing, including a synthesis of the main findings. Some limitations to the study are outlined while a number of recommendations are made for future research. The final section of this chapter alludes to aspect of self-reflexivity associated with the process of the PhD journey.

### 1.14 Summary

The first chapter in this thesis introduced the focus, context and rationale for this study. A brief synopsis of the literature was included. This study originated out of

curiosity as to whether early neglect, suffered by children from IC adoption early in life, might affect children's later social interactions and school engagement, but there was little research directly focusing on those areas. There were also suggestions in the literature that some teachers may not be fully aware of the needs of ICA children in school (Meese, 2002; Greene et al., 2007). The main aim and objectives of the study were outlined, followed by the research questions. The philosophical approach was discussed and the positionality of the researcher was considered. The proposed methodology was then outlined, followed by the significance and possible limitations to the study. Reasons were explained for personal interest in pursuing this study and chapter 1 concludes with an overview of the structure of the thesis.

# CHAPTER 2: LITERATURE REVIEW

## 2.1 Introduction

This study set out to explore how early life adversity impacted on the social interaction and school engagement of children in middle childhood in Ireland. The main objective of the study was to contribute to knowledge with a view to supporting ICA children and also professionals who work with them, their adoptive parents and their families. A literature review "acts as a springboard into the researcher's own study" (Cohen et al., 2011, 112), and, as well as highlighting possible gaps in the research area, it may partly justify the reason for the research. Many ICA children spent the early part of their lives living in institutions and were exposed to varying degrees of deprivation which may affect the development of later social skills and school engagement. This review was framed around Gunnar's (2001) three levels of deprivation associated with institutional living, which were categorised according to the quality of care the children received.

The historical context of IC adoption is outlined, first on an international level and then on a national level. The next section explores a number of pre-adoption influences, including possible birth family influences on the ICA children. Gunnar's (2001) three categories of institutional deprivation are then explained. Following on from this, conditions in institutions for relinquished children are broadly discussed, guided by the three levels of deprivation categorised by Gunnar (2001). The nutritional and medical care typically available in institutions are considered, followed by a description of the general level of available stimulation and child-caregiver interactions in an institutional environment.

The focus then moves to exploring the effects of some aspects of early childhood adversity and how those might influence ICA children's later social interaction and school engagement such as: pattern of attachment, inattention/overactivity, language issues and disorders associated with sensory processing. As many ICA children display high levels of stress in social situations (Barcons et al., 2012) the impact of early childhood stress is discussed with reference to possible effects associated with *toxic stress*. The next section concentrates on some of the broader effects of early deprivation on academic performance and school

engagement. While the intention in this study was not to measure the performance of children in specific school subjects, it did set out to gain an overview of how the ICA children engaged with school in general. A brief reference is made to the association between children's age at adoption and their later social functioning and school interaction. The level of awareness by relevant professionals who work with ICA children, on the effects of early deprivation on the lives of ICA children, is then highlighted. The final section in this chapter refers to influencing factors on the choice of the research questions in this study. The research questions, which were used to explore the impact of early life adversity on social interaction and school engagement of ICA children in middle childhood in Ireland, are then outlined.

## 2.2 History of intercountry adoption

The adoption of children by people who have no biological connection to them is recognised in all cultures throughout world history (Bowie, 2004; Volkman, 2005). However, the concept of IC adoption is a more recent phenomenon.

### 2.2.1 International context of intercountry adoption

Intercountry adoption, as is understood in today's terms, became more common after World War II (Triseliotis et al., 1997). As a humanitarian response to the devastation left in its aftermath, many United States army personnel, who were based in Japan, adopted children from orphanages when the war was over (Triseliotis et al., 1997). Likewise, at the end of the Korean War in the 1950s, American citizens adopted large numbers of children from Korea, many of whom were fathered by American soldiers or others who were left orphans after the war (Meese, 2002). Children became available for adoption as those of mixed race or those children born out of wedlock were not well accepted within South Korean society (Simon and Altstein, 1987). Similarly, adoptions were also enacted from Vietnam to America and to many other countries in Northern and Western Europe following the devastation and poverty left after the Vietnam War in the 1970s (Triseliotis et al., 1997; Meese, 2002), and this process of adoption continued even when the war was over (Simon and Alstein, 1987).

More recently, factors driving the need for intercountry adoptions in the *receiving* countries are borne, less out of humanitarian reasons than the need to provide

much wanted babies. Triseliotis et al. (1997) found that the majority of people seeking to adopt from overseas were childless couples. Over the past few decades the number of children being placed for domestic adoption in affluent industrialised countries is greatly reduced (Goldberg and Marcovitch, 1997). There are many reasons for this, including increased availability and use of contraceptives, legalisation of abortion, reduced stigma associated with single parenthood and the provision of state benefits to support the child (Triseliotis et al., 1997). The small number of children available for adoption in Western society is in stark contrast to large numbers of abandoned and relinquished children in other countries, which led to the creation and development of institutions, orphanages and care homes in which abandoned, ill or impoverished children were placed (Johnson et al., 1993).

Factors influencing the availability of children placed for adoption outside their country of origin include: geopolitical, economic, legal and social reasons (Hamilton and King, 1997). For example, China's cultural, economic conditions and political policy of *one child* government policy, which was introduced in 1979, resulted in large numbers of children, particularly females, being abandoned or placed for adoption outside of China, especially to America (Lovelock, 2000; Miller and Hendrie, 2000). The contrasting regime in Romania, which dictated that every woman of childbearing years should have a minimum of four children, resulted in many poverty-stricken Romanian families relinquishing their children to the care of the state (Triseliotis et al., 1997). Following the execution of Ceausescu, in December 1989, media attention focused on orphanages which held tens of thousands of children (Johnson et al., 1993). As a result, many citizens from the USA and Canada flocked to Romania, some driven for humanitarian reasons and others to satisfy their own needs to have a child (Marcovitch et al., 1997). Citizens from many European countries did likewise (Rutter et al., 1998).

Poor economic conditions following the fall of the Berlin Wall and the break-up of the former Soviet Union in the 1990s resulted in many thousands of children being placed in orphanages. The state made provision for their adoption to America and other Western countries (Ruggiero and Johnson, 2009). From the early 1990s Ireland became one of the many *receiving* countries for children adopted from overseas (AAI, 2013).

### 2.2.2 Intercountry adoption in the Irish Context

Ireland has experience of being both a *sending* country and a *receiving* country for adopted children. Until the mid-1970s there was no state support in Ireland for single women or their babies; contraception and abortion were forbidden by church and state, and having a baby out of wedlock was heavily stigmatised (Irish Government, Department of Children and Youth Affairs, 2014). For those reasons, many single mothers were dissuaded by their families and by some influential authorities such as church and state from keeping their babies. *Mother and baby homes* originated in Ireland in the 1920s, were run by religious orders and were a manifestation of public attitudes towards, and in the treatment of, *unmarried mothers*, as single mothers were referred to at that time (Irish Government, Department of Children and Youth Affairs, 2014). While many children were fostered out or adopted within Ireland this stark period in Irish history, from 1950 (when records were first kept) up until the early 1970s, also witnessed large numbers of infants and young children being trafficked from Irish *mother and baby homes,* mostly to American Catholic couples and frequently without the permission of the birth mother (Milotte, 2014). The introduction of the first adoption regulation in 1952 allowed this practice to continue for children over the age of one year, albeit stipulating that it must be with the "approval of a parent, guardian or relative of the (illegitimate) child" (Adoption Act 1952, s.40(2)). Up until then there was little or no regulation, either for domestic adoptions or for the movement of babies out of Ireland, so the exact figure for domestic and overseas adoptees is unknown. A combination of factors saw the *mother and baby homes* falling into disuse by the late 1970s such as: the introduction of *The Unmarried Mothers' Allowance* under "*The Social Welfare Act 1973*"; "*The Unfair Dismissals Act 1977*" (Irish Government, Department of Children and Youth Affairs, 2014, 8), which guaranteed that women would no longer lose their jobs when pregnant and this also served to reduce the stigma associated with being an *unmarried mother*; The *Status of Children Act 1987* "abolished the concept of illegitimacy and sought to equalise the rights of children including those born outside marriage" (Irish Government, Department of Children and Youth Affairs, 2014, 8). Those changes in legislation along with the increasing availability of contraception led to a vast reduction in children being available for adoption. Hence, people seeking to adopt a child started to look outside of Ireland. In the late 1980s Irish citizens began to travel to Romania for this purpose, following widespread media coverage

highlighting the plight of babies in institutions after the collapse of the Ceausescu regime (Romanian orphanages: Shame of a nation, 1990). Later, potential adoptive parents travelled to many other countries in Eastern Europe and further afield for the same reason (Health Service Executive (HSE), 2010). At that time just 8% of babies of single Irish women were placed for adoption (Greene et al., 2007). From 1991 up until 2015 a total of 6,857 intercountry adoptions were registered in Ireland from over forty different *sending* countries, mostly Russia (AAI, 2016). Since 2009 the numbers of intercountry adoptions to Ireland (and Europe) have dramatically decreased, mostly because of internal and external political pressure on the governments of the *sending* countries to close their borders for intercountry adoptions (Selman, 2010). However, the numbers of Irish people adopting children from overseas is beginning to rise again (O'Regan, 2016). In 2012 a new adoption agreement was signed between Ireland and Vietnam and in May 2013 the US State Department signed off on an agreement with the Irish government to enable easier adoptions of children into Ireland from the US (Gartland, 2013). Internationally, most ICA children have been adopted from institutions and, similarly, 70% of ICA children in Ireland have spent at least six months living in institutions prior to adoption (Meese, 2005; Greene et al., 2007). Institutional living is often/usually not an ideal environment for children to spend their early childhood (Maclean, 2003; Behen, 2008).

### 2.3 Pre-adoption placement issues and influences

The circumstances resulting in a child being placed for adoption and the quality of care in the institutions prior to adoption, appear to influence their post-adoption adjustment in many areas, including social interaction and school engagement. While there was considerable variation within the population of individual children of intercountry adoptions with respect to culture, age at adoption and also in the circumstances which led to their being placed for adoption (Haugaard, 1998), they all shared the unique experience of adversity, which ended abruptly when they were moved to usually enriched circumstances post adoption (Rutter et al., 2001; Haugaard and Hazan, 2003; O'Connor, 2003). Knowledge of the circumstances which led to children being placed for adoption is an important consideration when caring for ICA children. For example, adopted Korean children, who were aware of being abandoned, tended to display more internalizing behaviours than adopted children whose parents were dead, or whose whereabouts were unknown (Yi et

al., 2001b). Therefore, circumstances leading up to and reasons for being relinquished for adoption appear to influence outcomes for ICA children. However, details of placement into institutions and pre-adoption history for ICA children is frequently missing or is scarce (Roy et al., 2000; Dalen and Rygvold, 2006; Greene et al., 2007). The dearth of information on pre-adoption history is not surprising considering that many children are reported to have been abandoned without any details provided as to their identity (Roy et al., 2000; Greene et al., 2007). Scant information on birth family medical history can delay an accurate diagnosis for ICA children and may interfere with appropriate medical treatment following adoption (Groze and Ileana, 1996). The importance of having access to biological family information was highlighted in recent neuro-scientific research, suggesting that early life adversity and environmental conditions can leave a lasting mark on the genetic predispositions which influence developing brain connections (Shonkoff et al., 2012).

### 2.3.1 Birth family and maternal influences

Pre-pregnancy parental health and nutrition have an impact on the condition of the developing baby, as does the condition of the mother during pregnancy (Eliot, 1999). ICA children may be at risk of developmental delay and later maladjustment because of poor prenatal care (Gindis, 2006). Developmental delay was considered to be present in children if their developmental age was “less than or equal to two thirds of their chronological age” (Miller and Hendrie, 2000, 1). As well as poor nutrition in pregnancy, ICA children may also have been exposed to intrauterine substance and/or alcohol abuse and also poor mental health of their parents who placed them for adoption (Johnson, 2000). Prenatal exposure to alcohol may result in foetal alcohol effects such as birth defects and neuro-developmental delay, resulting in cognitive and behavioural problems later in childhood and throughout life, even if there are no obvious physical signs of foetal alcohol syndrome (Johnson and Dole, 1999; US Department of Health and Human Services, 2012). Interestingly, reports on circumstances surrounding children entering institutions in the former Soviet Union suggested that 40-45% of them were removed from their families because of alcohol abuse, drug abuse or neglect (Sloutsky, 1997). This is important in the Irish context as the greatest number of ICA children living in Ireland were born in Russia (AAI, 2013). Compared to adopted children from some countries, children from Eastern Europe were also

thought to have been exposed to higher levels of tobacco and alcohol (Welsh et al., 2007). It is unclear whether there is a link, but children from Eastern Europe were found to display more difficulties in interpersonal relationships compared to ICA children from other countries, such as Africa, Asia and Latin America (Barcons et al., 2011). Such findings imply that teratogens such as alcohol in pregnancy may have been a contributory factor in the ICA children's relationship challenges rather than the countries of origin.

Nutrition in pregnancy was also considered to be an important influencing factor on development, as poor nutrition could permanently alter the physiology and the brain of the developing child (Barker, 1998). Low birth weight may be considered as a surrogate measurement of nutrition and the low birth weight in children at time of adoption and their delay in physical growth and development is well publicised (Federici, 1998; Rutter et al., 1998; Johnson, 2000). However, birth weight was included as one of the pre-natal risk factors, reported in many studies, as being unrelated to some later outcomes for ICA children (Kreppner et al., 2001; Miller, 2009; Pollak et al., 2010; Loman et al., 2013). Similarly, many PI ICA children from Russia were reported to be born prematurely and also of low birth weight (below 2500 grams) at time of adoption but, in a follow-up study, no apparent association was found between their total scores for social skills and either their prematurity or low birth weight (Julian and McCall, 2016).
Living conditions pre-adoption was likely to influence later outcomes for ICA children in many different domains (Rutter et al., 1998; Johnson, 2000; Kreppner, et al., 2001; Rutter et al., 2004), including social interaction and school engagement (Dalen and Rygvold, 2006).

### 2.3.2 Conditions in institutions

The environment in Romanian orphanages is briefly described here, as the bulk of the published literature and many longitudinal studies on intercountry adoptees, particularly those of the English and Romanian Adoptees (ERA) studies, related to children from Romania (Rutter et al., 1998, 2001, 2004). Conditions in institutions in different countries may have improved since the appalling living conditions in Romanian institutions were reported, where children were confined to cots; were fed thick food through propped up bottles; lacked toys; had very little language stimulation; had little care and attention from caregivers and, while conditions

between orphanages may vary, their environments were described as cold and harsh (Rutter et al., 1998; Nelson, 2007). The ERA studies are of particular interest as their longitudinal studies track a group of Romanian adoptees from time of adoption up to adolescence and beyond. A particular strength of these studies was the use of two comparison groups: a cohort of English domestic adoptees and a cohort of non-adoptees who lived with their birth parents in the UK. The descriptions by Rutter et al. (1998) on the institutional environment in Romania concur with those of Groze and Ileana who described conditions as “abysmal” (1996, 545) with children lying in their own excrement for long periods of time. There does not appear to be any findings in the literature which contradict the dismal descriptions of the environment inside Romanian institutions.

Based on the fact that Romania ended its bilateral agreement with Ireland at the beginning of this century, the majority of Romanian adoptees living in Ireland are now adolescents or adults (AAI, 2011). Nevertheless, it is relevant to offer some insight into life in Romanian orphanages, as very few differences were reported between institutions in Romania and those outside that country (Castle et al., 1999; Miller and Hendrie, 2000), except a minority of rare exceptions, who maintained higher standards. For example, Korean institutions are obliged by law to maintain certain standards of care as they are regulated and funded by the Korean government, as well as by private donors (Lee et al., 2010). A small number of children adopted through ICA did not live in institutions prior to adoption and, while they displayed conduct and emotional problems similar to children from institutions, they did not have other behavioural issues associated with institutionalisation to the same degree (Kreppner et al., 2001). Despite being exposed to early environmental deprivation, many children performed well and displayed major recovery following adoption into a family environment, although some children did not make a complete recovery (Ames, 1997; Rutter et al., 1998). Deprivation is difficult to quantify but institutional living conditions were considered to be less than adequate in order to maintain “normal physical and behavioural development” (Pollak et al., 2010, 224). Nevertheless, not all children raised in institutions had similar outcomes, as their behavioural development was influenced by the level of care in the institutions, the circumstances which led to them being placed there and also the ongoing care of the children (Lee et al., 2010). In their study, Lee et al. (2010) compared Korean children who continued to

live in institutions with Korean children adopted to the US from Korean institutions, where, as previously explained, conditions and care were reported to be better than those in some other countries. The survey of Lee et al. (2010), with the assistance of Minnesota's Department of Human Services, was carried out with adoptive parents of 382 ICA children out of a total of about 1000 Koreans adoptees living in Minnesota. However, it is unclear whether their survey was circulated to all of the families of the 1000 Korean adoptees on the register of the State of Minnesota's Department of Human Services for completion by the adoptive parents. If that was the case, then the situation could be that the 382 adoptive parents who replied did so because their adopted children had more positive or more negative outcomes. On the other hand, adoptive parents may have opted not to participate because there was high stress at home, or the family was currently coping with difficulty, as was the reason given by many Irish adoptive parents who refused to participate in research regarding their ICA children, in the study of Greene et al. (2007). On the other hand, it might indicate that those who did not reply to the survey had more concerns regarding their adopted children and may be reluctant to convey this in a survey. Nevertheless, and in contrast to reports by Lee et al. (2010), the majority of children who spent their early childhood living in institutions were deprived of much of the early life experiences which contribute to normal child development, including social and cognitive development (Maclean, 2003; Behen et al., 2008). In order to discuss aspects of institutional care which may impact on social interaction and school engagement, this study draws on the three levels of institutional deprivation articulated by Gunnar (2001). The first level relates to conditions in institutions where children were exposed to severe global deprivation, nutritionally and medically; had poor stimulation and were lacking in consistent and supportive interactions with caregivers, leading to severe growth retardation and severe developmental delay. The second level described by Gunnar was where children's medical needs were met; they had adequate nutrition; there was a lack of stimulation; children had no opportunity to engage with their environment; they were also deprived of consistent and supportive interactions with caregiving and relationship needs, contributing to delays in sensory, motor and language development, leading to eventual lowered general intelligence and brain development. The third level is a situation where all of the needs mentioned above were met, except the children were deprived of relationship needs and long–term

stable and consistent relationship with reliable caregivers. The effects of early adversity on later social interaction and school engagement are outlined using the levels of deprivation outlined above.

## 2.4 Effects of institutional deprivation

The numerous and varied effects of institutional deprivation were highlighted in many studies over the past century and indeed continue to be highlighted in current research related to intercountry adoption. For clarity a number of these effects are briefly discussed under different headings.

### 2.4.1 Nutritional and medical deprivation

The poor quality of food available to children prior to adoption placed them at risk of nutritional deficiency, with subsequent long-term biological effects associated with cognitive impairment and mental health issues (Liu and Raine, 2006; Sonuga-Barke et al., 2008). However, as environmental conditions improved, which generally happens following adoption, great strides were made in weight and height, although, some late adoptees had stunted growth (Colombo et al., 1992; Rutter et al., 1998). Stunted growth was considered a useful indicator reflecting the level of deprivation experienced by children in their pre-adoption environment (Kertes et al., 2008). Indeed, some findings suggested that adverse psychosocial effects may be more due to a lack of physical contact and emotional stimulation than to sub-nutrition (Sonuga-Barke et al., 2008). This view supports the notion that stimulation and adequate care-giving for the children are as important as nutrition for good psychological and social outcomes.

### 2.4.2 Effects of poor material stimulation

Adoptive parents generally had the opportunity to visit and spend time in the *baby homes* from which they adopted a child and, while they were not allowed full and complete access to residents' living areas, they did gain an insight into the level of care and stimulation which was available to their adopted child while living in the institution (O'Connor, 2010). Although these were second-hand narrative accounts from adoptive parents and, while there are obvious difficulties in accepting the reliability of self-report information based on their individual perceptions, adoptive parents' observations and descriptions were in line with those proffered by Vorria et al. (2006) and also the St. Petersburg-USA Orphanage Research Team (2005).

The lack of stimulation for the children in some Romanian institutions was extreme as they spent 20 - 24 hours silently in their cribs. Some rocked back and forth and others moved from one foot to the other while holding onto the sides of the cribs (Ames and Carter, 1992). These findings were supported by Daunhauer et al. (2005) who observed that a group of Romanian adoptees spent 70% of their wakening hours alone in the institutions and 27% of their time without a caregiver even being present in the same room. Only 24% of their time was spent in adult-led activities (Daunhauer et al., 2005). During the early years of life a reliable and consistent caregiver-child relationship is essential as the foundation for later social behaviour and, as this develops, the baby stores an internal working model and an expectation of particular attention in response to his/her needs (Ainsworth, 1973; Bowlby, 1982; Bretherton and Munholland, 1999). Even during play time in Russian institutions, when occasionally caregiver-child interaction did occur, it was adult directed, with the caregivers showing the children the *proper* way to play with the toys and they corrected them if children wanted to do something different with the toys (St. Petersburg-USA Orphanage Research Team, 2005). Therefore, children who live in institutions are typically deprived of adequate stimulation necessary to develop their social skills.

### 2.4.3 Caregiver-child Interactions in institutional care

As outlined earlier, a situation where a child often had no one person available to him/her or who cared and nurtured him/her in a personal way, and with whom s/he felt safe and secure, had long term consequences on his/her capacity to build relationships later in life (Bowlby, 1952). To encourage children's socio-emotional and cognitive development a primary caregiver should be attuned to the children's emotions and behaviours and she should change her behaviour appropriately in order to satisfy the children's needs for healthy development (Greenspan et al., 1998). There does not appear to be any references to male caregivers working in institutions. Caregivers should be emotionally available to the children in their care (Emde and Sorce, 1983) and should express sensitivity in response to each child's signals (Ainsworth et al., 1978; Claussen and Crittenden, 2000). Thus, according to Bowlby (1952), maternal deprivation was the most influencing factor in the long-term development of children's social and emotional behaviour and personality. However, more recent researchers have challenged Bowlby's theory relating to the impact of maternal deprivation. Sloutsky (1997) believed that other variables

compounded the maternal separation, including the environmental effects of institutional living and the lack of stimulation for the children in an institutional environment. Concurring with this view, Rutter (1972) suggested that children who lived in institutions were victims of multiple deprivations and not just maternal deprivation. Nevertheless, despite the many types of deprivation, emotional neglect was reported to be the most serious form of deprivation to which children were exposed while living in institutions, according to observations by Federici, who visited many different institutions in Romania, Russia and elsewhere (1998). Emotional deprivation may in part be due to the high child-to-caregiver ratio which was prevalent in Romanian institutions, where children's lives were highly regimented with them eating, sleeping and being toileted at specified times (Nelson et al., 2007).

In contrast to the high child-to-caregiver ratio described for Romanian institutions, Russian institutions rarely had a shortage of caregivers (caregivers were all female), as they were paid 30% more than in regular educational settings in the former Soviet Union (Sloutsky, 1997). Therefore, one might expect that children would benefit from this and that their social and emotional needs would be satisfied. However, despite adequate numbers of staff, caregivers were forbidden from being friendly with the children. The reasons for this were to prevent the children forming attachments to the caregivers and to avoid the children suffering trauma if the adult potential attachment figure left the institution, or if the children were transferred to another institution (Sloutsky, 1997). Caregivers appeared to strictly adhere to the rule of enforced detachment from the children, observed through video analysis as part of an institution based intervention programme in St. Petersburg (St. Petersburg - USA Orphanage Research Team, 2004). For example, during the rapid feeding times of 3-10 month-old children, caregivers had no interaction with the babies apart from the time they spent washing, changing and feeding them (Muhamedrahimov et al., 2004). Therefore, despite basic physical needs being met, emotional needs appear to have been generally neglected.

Caregiver-child interactions may not be the same for all institutions. As described above, conditions and the care in Korean institutions tend to have better pre-adoption living conditions compared to what is described for institutions in

Romania and the former Soviet Union (Kvifte Andresen, 1992). However, the numbers of children adopted into Ireland from the Republic of Korea are in single figures and, therefore, Korean born IC adoptees may not be very relevant to the Irish context (AAI, 2013).

### 2.5 Later impacts of high child-caregiver ratio in the institution

Many studies have explored the later effects of early adversity on babies and young children following institutionalisation (Bowlby, 1952; Rutter et al., 1998; Rutter et al., 2001; Beckett et al., 2006; Nelson et al., 2007). Rutter et al. (2004), who explored a wide range of measures of outcome in their longitudinal study, suggested remarkable recovery and intellectual catch-up for many of the ICA children, although a minority of children had persisting challenges in specific areas such as in the development of social skills and in establishing friends, especially those who spent a longer time in institutions prior to adoption. However, it must be borne in mind that the study of Rutter et al. (2004) was based on children who had been adopted from extreme deprivation in Romanian institutions and, therefore, the long term impact on children may be better from less deprived institutions. Some findings suggested that there is a higher prevalence of emotional and behaviour problems in ICA children compared to non-adoptees (Morison et al., 1995; Beckett et al., 2006). However, those studies were also based on ICA children from Romanian institutions. Research findings by Julian and McCall (2016) suggested that children who had poor social skills also tended to have a higher incidence of behavioural problems. A postal survey was implemented by Julian and McCall (2016) using a standardised social skills checklist and a standardised behavioural rating system for data collection, when examining the social skills of a sample of 341 PI ICA children of Russian and Eastern European origin to the US. Julian and McCall used a comparable sample of parent-reared never-institutionalised children. The fact that a modest payment was offered to the adoptive parents to complete the survey may have weakened the validity of the study, or perhaps strengthened it as more people may have responded because of the payment. However, the study was interesting in that it found the institutional living environment of the children to have been adequate in terms of nutrition, medical care, safety and toys to play with, but was lacking in caregiver-child interactions. The description of the Russian institutions, outlined by Julian and McCall (2016), is in line with level three of Gunnar's (2001) categories of

deprivation in institutional care outlined above, where children's needs were met apart from them being deprived of relationship needs and long–term stable and consistent relationship with reliable caregivers. Findings in the study by Julian and McCall (2016) are particularly relevant in an Irish context as the majority of IC adoptees in Ireland are from states of the former Soviet Union. Not surprising, therefore, and possibly linked to the high child-to-caregiver ratio, some studies highlighted disorders of attachment as a possible contributor to social - emotional behaviour and issues affecting relationships and school engagement.

### 2.5.1 Attachment related behaviours

Attachment behaviour is defined as "any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world" (Bowlby, 2010, 29). Ainsworth et al. (1978) identified different types of insecure attachment patterns: avoidant, ambivalent and disorganised. More recent studies have further developed the work of Ainsworth et al. (1978) on patterns of attachment style and, while there are disagreements about the specific signs and symptoms of attachment disorders, there is a general consensus that there are a set of characteristics peculiar to attachment disorder, which are not specific to any other disorder (Rutter, 1995). For example, signs of an indiscriminate *reactive attachment disorder* (RAD) was observed in young children who lived in institutions (Smyke et al., 2002). The children were found to have either emotionally withdrawn/inhibited or indiscriminate/disinhibited attachment disorders, which impacted on later social skills and relationships (Smyke et al., 2002). Emotionally withdrawn RAD is normally identified by the absence of an organised attachment pattern, "impaired social engagement and reciprocity, and problems with emotion regulation" (Bos et al., 2011, 17). Indiscriminate or social/disinhibited attachment disorder is characterised by an over-zealous willingness to engage with unfamiliar adults, a failure to link back with a caregiver in unfamiliar surroundings, and displays no hesitation in approaching, engaging with, or even going away with strangers (Bos et al., 2011). There may also be difficulty establishing or understanding social boundaries where indiscriminate friendliness/disinhibited attachment pattern exists (Zeanah et al., 2004). The term *disinhibited social engagement* (DSED) is currently used by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) to describe indiscriminate friendliness/disinhibited attachment pattern (American

Psychiatric Association, 2013). As well as the possibility of walking away with strangers, where DSED exists children may also interact in an overly friendly way with adult strangers and ask inappropriate and intrusive questions (Zeanah and Gleason, 2015).

Attachment theory suggests that the early parent–child relationship serves as the building blocks for the emergence of self-regulation skills. Infants are dependent on the caregiver's capacity to provide security, containment and regulation of the infants' emotional and physiological states and, the development of the infants' self-regulation is subject to the caregiver being accessible, sensitive and responsive to infant cues (Cassidy, 1994; Field, 1994).

### 2.5.2 Effects of insecure attachment patterns

Securely attached infants develop trust and are easily comforted by their primary caregiver when they are upset. When children have had the experience of forming a secure attachment to a sensitive and caring primary caregiver, their internal working models of attachment provides a framework for relationships with peers and adults later in life (Bowlby, 1982). Insecure attachment may manifest in a number of ways, for example, if a primary caregiver or attachment figure is unavailable because she (usually the mother) is not present, or is not responding to his needs, a child faces a frightening situation (Bowlby, 1997). Chisholm (1998) found that in a group of 46 four to nine year-old Romanian adoptees many of them, who had spent at last eight months living in an institution and whose median age at adoption was 18.5 months, displayed an insecure attachment pattern with indiscriminate friendliness. They had: no wariness of strangers; sought attention from anyone present and were readily willing to walk away with a stranger. Chisholm used two comparison groups - a group of Romanian adoptees who were adopted before they were four months old (early adoptees) and a cohort of Canadian born children. The early adoptees showed more secure attachment patterns than the Romanian late adoptees and the early adoptees had similar attachment scores to the Canadian born children (Chisholm, 1998). According to Chisholm, indiscriminate friendliness served an adaptive purpose for the children when in the institutions as it was their way of seeking out stimulation and interacting with anyone, when it was not readily available to them from the caregivers. Her study involved interviews with adoptive parents as well as parent

survey questionnaires. Interestingly, most of the adoptive parents did not identify an insecure attachment pattern in their Romanian born children, who were adopted when older than six months, although, based on standardised attachment measures, an insecure attachment pattern was identified in the majority of the late adoptees by the researcher during the interviews (Chisholm, 1998). This is despite the assertion, already outlined, that adoptive parents may be more in tune with their children's challenges and are more inclined to refer their children for treatment (Haugaard, 1998). Chisholm (1998) suggested that parents may have perceived their children's indiscriminate friendliness as being a positive factor and positively related to their good sociable skills. She found that indiscriminate friendliness had not decreased in the Romanian adoptees after two to four years in their adopted homes (Chisholm, 1998). In contrast, while attachment-related difficulties, such as indiscriminate friendliness, were reported by half of the adoptive parents at the time of adoption in a group of 180 IC adoptees from different *sending* countries, this had resolved for the majority of children, apart from 20% of them who continued to experience indiscriminate friendliness at the time of the study (Greene et al., 2007).

Semi-structured interviews and questionnaires were used by Greene et al. (2007) to assess the children's attachment patterns. The ages in the sample ranged from two to seventeen years of age with the mean age of ICA children in the sample being 6.85 years, and the children were adopted at an average age of 17 months. Many of the children in the study were older than those in the Chisholm et al. (1998) study and it may be that attachment related issues may lessen further as the children spend longer time in their adopted families. Difference in attachment related findings may also arise from different standardised measurements of attachment being used in the two studies. Indeed, several studies found that children who were adopted in the first six months of life usually developed normative attachment patterns similar to children who lived with their birth families, whereas children who were adopted at older ages were more likely to have persisting insecure patterns of attachment (Vorria et al., 2006, Juffer et al., 2008). In contrast to this, and despite there being an association between disinhibited attachment and duration of deprivation in institutional care, the majority of late adoptees showed a major recovery of normal social development following a period of time with their adoptive families (Rutter, 2004). Similarly, a study of a

group of 400 adopted children revealed that 47% of them displayed a secure attachment, with 53% having an insecure attachment, compared to a comparative normative sample of non-adoptees where 67% had a secure attachment (Van Ijzendoorn, 1997). It is unclear from the literature what percentage of children reared with their birth families display a secure attachment pattern or, whether this varies from country to country. Interestingly, in the Rutter et al. (2004) study, a minority of late adoptees did not have a disinhibited attachment pattern with the usual features of an insecure attachment style. Instead, rather than displaying an attachment that was insecure in quality, they failed to develop a selective attachment to anyone (Rutter et al., 2004). Verissimo and Salvaterra (2006) argue that attachment style was neither related to the age of the child at adoption or the age of the child when assessed, but was more related to the quality of maternal attachment. However, the study by Verissimo and Salvaterra was based solely on the perceptions of adoptive parents on survey measurements of attachment patterns, and as Chisholm (1998) found, some adoptive parents may perceive different attachment patterns as being a positive rather than a negative trait. Nevertheless, findings by Verissimo and Salvaterra (2006) offers credence to Bowlby's (1952) theory regarding the impact of maternal deprivation on relationships.

Children, who are insecure as infants, may display more oppositional behaviour towards their mothers than secure infants and, older children, who have a disorganised attachment pattern, may display resentment and antisocial behaviour (Kochanska et al., 2009). While there is other supporting data which suggested that avoidant attachment pattern in infancy was linked to aggressive and antisocial behaviour later in life (Cassidy and Kobak, 1988), this notion was contradicted by Bates and Bayles (1988). More recent research found that securely attached children adjusted to the demands of the school system better than their non-securely attached peers, while children who had a disorganised and/or an avoidant attachment pattern showed the highest prevalence of behavioural problems and poorer social interactions (Granot and Mayseless, 2001). The transition to middle childhood introduces new tasks for children, including adjustment to the school environment, and patterns of attachment may be useful predictors of school adjustment and social behaviour in middle school age, even for non-adopted middle class children (Granot and Mayseless, 2001). Interestingly,

in a group of 180 IC adoptees, the majority adopted when older than six months, 46% of their teachers raised concerns regarding the ICA children's emotional behaviour and social skills (Greene et al., 2007). While attachment patterns may impact on children's behaviour and social skills, there may also be other factors which might influence behaviour and social skills, one on them being impulsive behaviours, such as inattention/overactivity (I/O).

### 2.5.3 Inattention/overactivity

Impulsive behaviours, such as I/O are also perceived as impacting on school performance and traits which are associated with a diagnosis of *attention/deficit hyperactive disorder* (ADHD) are rated amongst the most common challenges associated with children who spent their early lives in institutional care, by researchers such as: Tizard and Hodges (1978); Fisher et al. (1997); Roy et al. (2000), with particularly strong evidence found in the ERA studies by Kreppner (2001) and Rutter et al. (2001). Rutter and O'Connor et al. suggested that adverse "biological programming" (2004, 81) may have contributed to I/O in some children who were exposed to early deprivation and neglect in early life, while Kreppner et al. had earlier suggested that I/O in post-institutionalised children may be regarded as an "institutional deprivation syndrome" (2001, 523) if a set of five particular criteria were present. Interestingly, I/O later in childhood was found to be one of the conditions in which there was no association with low birth weight (Kreppner et al., 2001).

### 2.5.4 Effects of inattention/overactivity in school

Where I/O is present, caution is advised against inferring a diagnosis of ADHD without taking other factors into consideration (Kreppner et al., 2001). Interestingly, a group of PI ICA children displayed levels of behaviour above the cut off for ADHD, when compared to a cohort of non-institutionalised adopted children, and a cohort of non-adopted children living with their birth families (Wiik et al., 2011). Despite an expectation that I/O would lessen with longer periods of time living in the radically improved environment of the adoptive homes, it was found to persist when the ICA children were re-assessed at 11 years of age and was similar to what it was at six years of age (Stevens et al., 2008). Of particular significance is the fact that there was a stepwise association between the duration of deprivation

and levels of I/O, suggesting that the longer children remain in institutional care the more obvious the signs of I/O (Stevens et al., 2008).

Much of the available research regarding I/O relates to Romanian adoptees and this may not be the same in adopted children from elsewhere (Stevens et al., 2008). A number of studies suggested that inattention may be habitual as a result of tuning out, when children are reared as part of a large group and where they have long periods of time without any attention from a caregiver (Tizard and Hodges, 1978; Muhamedrahimov et al., 2004). Indeed, inattention may also be seen where there is a tendency to tune out and may resemble a type of autism, described as quasi-autism, which was seen in 1 in 10 Romanian PI adoptees who were exposed to severe deprivation in institutions (Rutter et al., 2007). In the study by Rutter et al. (2007) children were assessed at ages 4, 6 and 11 and, by age 11, a quarter of the children no longer displayed the autistic-like features, suggesting the benefits associated with living in an adoptive family. Interestingly, a disinhibited attachment pattern and poor peer relationships were present in over half of the children who had displayed features of quasi-autism (Rutter et al., 2007). Those findings imply that there may be an overlap between conditions such as I/O, quasi-autism and at least some insecure attachment patterns.

Language skills are considered to be an important communication tool for peer relationships and school engagement. In a study of 46 children, adopted to the US from Eastern Europe, levels of expressive language skills at two to three years of age predicted outcomes for social skills and problem behaviours at six to nine years of age (Glennen and Bright, 2005).

### 2.6 Language skills development of intercountry adopted children

In recent years researchers have begun to examine the long-term impact of language learning on the social development and academic performance of children of IC adoption: prior to that very few studies existed regarding language in school-age intercountry adoptees (Glennen and Bright, 2005). ICA children are subject to a sudden change from their mother tongue to the new language of their adoptive families (Glennen, 2002). As a result, the language development of ICA children may be different from children adopted within their country of birth or children who continue to live with their birth families (Glennen, 2002). Unlike other

developmental milestones ICA children must “stop and restart” (Glennen and Masters, 2002, 429) their language development although, interestingly, one third of children who lived in institutions were diagnosed with some type of language disorder, even prior to adoption (Dalen, 2002). However, children who were adopted at older ages tended to lag behind in language development, with the extent of the delay related to the ICA children’s age at adoption (Glennen and Masters, 2002). This suggests that the amount of time spent living in institutions may be a consideration for some developmental concerns. This may be as a consequence of poor verbal stimulation and interaction between children and caregivers in the institutions, as outlined earlier. There may also be a critical period for the development of language, where development may be related to what Greenough and Black (1992) described as *experience-expectant* where development of an area of the brain may not occur unless a particular experience happens at a sensitive period of development.

### 2.6.1 Effects of language delay

While many adoptees made great progress in adopting their new language, some continued to lag behind their peers in language abilities, particularly pragmatic language (Glennen and Masters, 2002; Glennen and Bright, 2005; Scott et al., 2008). Similarly, Dalen compared the school competence of a group of Korean and Colombian adoptees to Norway with a group of Norwegian birth children living with their birth families, and found differences between what she termed “day-to-day language and school language skills” (2002, 45). Dalen explains *day-to-day language* as that which is used in everyday conversation and *school language* as being that used by teachers in their delivery of lessons. Interestingly, while the Korean adoptees outperformed the Norwegian born children in academic performance and in their *day-to-day language*, the Norwegian born children scored higher in *school language*. This finding is of particular relevance to teachers and adoptive parents, as they need to be aware that their ICA children’s good skills in *day-to-day language* may disguise some deeper difficulties with language in general (Dalen, 2002). The Columbian born adoptees scored lowest in all areas, including *day-to-day language*. Dalen offers two explanations for the higher performance of Korean compared to Colombian adoptees. The first is that the children from Columbia were older than the Korean children at time of adoption, suggesting that the longer the period of adversity the more challenges a child may

have in school competence and language skills. The second reason was that, as already outlined, the quality of care in Korean institutions was higher than that in Colombian institutions (Dalen, 2002). This supports the notion that lack of verbal stimulation may be a contributory factor to delayed language (Groze and Ileana, 1996). However, another possible reason for Korean children's superior performance in some areas of receptive language is that Asian children may have a different and an advanced form of receptive language development (Cohen et al., 2008). Contrary to this, a study with a group of early adolescent adopted children from the former Soviet Union demonstrated that 82% percent of them had at least one special education label, with "communication disorder" (Beverley et al., 2008, 303) being the most common, and was present in 62% of the children. However, the sample size of 55 children was relatively small and thus may not have been a representative sample. Nevertheless, and in congruence with the study by Beverley et al. (2008), an Irish study involving 180 ICA children found that 30% required some form of learning support and the majority required it because of language disorders (Greene et al., 2007). While the Irish sample examined children from different sending countries, the largest cohort were also from the former Soviet Union and may not have been a representative sample of ICA children either, as the response rate was just 52%, with an under-representation of teenagers in the study sample (Greene et al., 2007). The main difference between the two studies relates to the ages of the participants, where the mean age of the Irish sample was just 6.85 years compared to the study of Beverley et al. (2008) where the participants were in early adolescence. Findings from both of those studies imply that language challenges become more obvious in the more senior school grades where there may be more engagement with *school language* and where the vocabulary may be more complex.

Language difficulty may affect the ability of children to have meaningful interaction with their peers in school, especially if there is difficulty with receptive language such as with simple sentence comprehension tasks, as was found in a group of PI ICA children from different sending countries (Desmarais et al., 2012). Of particular interest in the study by Desmarais was the fact that the lowest performance by far of the PI children involved more complex tasks such as sequencing and spatial working memory. Working memory is a function of the prefrontal cortex and is associated with "higher intelligence" (Guyton and Hall,

2000, 669), which is necessary for tasks such as processing of information and also skills required for doing arithmetic.

The link between speech and language impairment and challenges with short term and working memory was strongly suggested by Archibald and Gathercole, when examining twenty non-adopted children with specific language impairment (2006). This suggests that other neurological systems may be involved, and emphasises the need for children's developmental milestones and early history to be considered when putting support strategies in place at time of school entry. Language development also appears to be a precursor for later reading, as children's oral discourse at age five is associated with reading comprehension and written narrative at age eight (Griffin et al., 2004). However, it may be more the quality of informative comments and the frequency of answering children's questions which contribute to improved language comprehension (Tizard et al., 1972). Based on reports from many institutions, including those in St. Petersburg where the children had adequate food and toys, there was little or no communication between caregivers and children and, therefore, possibly little or no opportunity for children to ask questions (USA Orphanage Research Team, 2005). Therefore, reduced language stimulation in institutions because of low child-caregiver interaction, as well as low stimulation available to the children to develop other sensory areas, may interfere with children's ability to modulate their responses to the environment which is necessary for social development and learning (Ayers, 1991).

## 2.7 Disruptions in sensory processing

As a result of institutional deprivation, processing sensory information may be challenging for many PI ICA children, leading to under- or over- sensitivities in many areas such as visual, auditory, vestibular, emotional and tactile areas, thus contributing to possible academic and social challenges (Wilbarger et al., 2010). Children may seek sensory stimulation by having stereotypical rocking, spinning, such as in autistic-like behaviours, biting, self-injury, rough play or they may be extremely sensitive to stimulation such as touch, light or sound, where it may appear as if the world is too much for them (Ayers, 1991; Cermak and Groza, 1998). Some parents reported that their child was both oversensitive and sensory seeking at the same time (Cermak and Groza, 1998).

Duration of deprivation appears to impact on a child's sensory profile, as children who had prolonged institutionalisation displayed more sensory seeking and/or sensory avoidant behaviour compared to a group of ICA children who were adopted when younger than eight months, and compared to a group of foster children who spent little or no time in institutional care (Wilbarger et al., 2010). Because adoptive parents were perceived as being more conscious of potential challenges in their adopted children, Wilbarger et al. not only used a standard parent report measure but also used a laboratory-based measure of sensory responsiveness, to further the reliability in the study (2010). The most common sensory issue for a quarter of the children in a study of 180 ICA children, retrospectively reported by parents at time of adoption, was sound sensitivity, and this continued to be an issue for two-thirds of the children at school age (Greene et al., 2007). Similarly, a minority of children were reported to have ongoing issues with touch and a continued dislike of, or a resistance to, being held (Greene et al., 2007). If sound sensitivities, sensory issues related to touch or over- or under-sensitivities in any of the sensory areas, persist in a school-going child, it is reasonable to anticipate that these and other challenges associated with early deprivation may impact on social interaction and school engagement.

### 2.7.1 Effects on peer relationships and school engagement

Compared to the available literature regarding ICA children's academic and cognitive performance, there appears to be a dearth of research relating to peer relationships and general social interaction at school (Prinstein and Dodge, 2008). However, the adverse effects of early institutionalisation on peer relationships were documented in a study of English domestic adoptees. In that study children were either adopted or restored to their birth families, having spent two years in institutional care, and, at age eight, continued to display a range of challenges with regard to peer relationships, such as being over-friendly, quick-tempered and unpopular (Hodges and Tizard, 1989). More recent studies on ICA adopted children have documented mixed findings. On one hand, Rutter et al. (2001), when assessing a group of 165 PI Romanian adoptees on seven domains of dysfunction at six years of age, demonstrated that peer relationships was amongst three domains in which there was no significant difference, when compared to a sample of UK domestic adoptees. However, a follow-up study, when they were eleven years of age, found that the Romanian group had more difficulties with peer

relationships, particularly those who had longer periods of deprivation in the institutions (Sonuga-Barke et al., 2010). In contrast, PI South Korean, Sri Lankan and Colombian adoptees had better social relations than their non-adopted peers and also displayed more favourable behaviour (Stams et al., 2000). The children in the study of Stams et al. were adopted at a mean age of 15 weeks from institutions which were funded by a Dutch adoption agency (suggesting better living conditions). This supports the notion that earlier age at adoption and better pre-adoption living conditions may lead to more favourable outcomes for ICA children in developing peer relationships. Further strength was added to this proposition in a study involving 148 children between the ages of four and eight years of age, examining children's social competence in three different groups within the same country: 50 children who continued to live in institutions in Spain; 58 community children living with their birth families in Spain and 40 ICA children adopted to Spain from Russia (Palacios et al., 2013). The study found, through the use of standardised measurement tools with parents, teachers and caretakers, that the children who continued to live in institutions displayed the greater problems in social skills and relationships with friends. Indeed, just 48% were reported as having a best friend. While the non-adopted community group of children had slightly better peer relationships and had a higher incidence of the existence of a best friend compared to the ICA adopted (89% compared to 71%), differences in other areas of social competence were insignificant (Palacios et al., 2013). However, the interpretation of a child's *best friend* may have a different meaning for a caregiver of a child in an institution compared to that of a parent of a birth child who lives in the community as part of a family. The lack of a major difference between the ICA group and the community non-adopted group of children in the study by Palacios et al. (2013) may also be explained by the fact that the participants were between four and eight years old and, similar to findings by Rutter et al. (2001), issues surrounding social interaction and peer relationships may not be evident until the children were older. However, a survey of 115 six to eight-year-old Chinese girls adopted to America found that there was lower social competence in those who were reported to have suffered deprivation early in life, compared to a comparison group of ICA children who were reported not to have been exposed to neglect or to deprivation in early life (Tan, 2006). Although Tan's (2006) study was based on girls only, and results may be different for boys or mixed gender, nevertheless, his finding adds strength to the notion that, not only

did duration of deprivation impact on social interaction and peer relationships, but the quality of living conditions and the level of deprivation also had an impact (Dalen and Rygvold, 2006). Similarly, ICA children from Asia and Africa were found to have higher interpersonal relationships skills compared to children from Eastern Europe, with the children adopted at an older age and from institutions where extreme deprivation was reported to exist having poorer interpersonal relationship skills (Barcons et al., 2012; Rutter et al., 2004). Barcons et al. used mixed methods in their study, including semi-structured interviews with the children, to explore their pattern of attachment. In line with findings outlined earlier, children with a secure attachment had better interpersonal skills and better relationships with their parents, compared to children with an insecure attachment style. Of particular interest, for the current study, is the finding that ICA children from Eastern Europe not only had more difficulty developing a secure attachment pattern but also displayed higher levels of stress compared to children adopted from other countries (Barcons et al., 2012). This implies that children who were exposed to higher levels of deprivation in early life tend to be more susceptible to stress in social situations.

### 2.8 Association of early childhood deprivation with stress

Severe stress and maltreatment in early childhood "produces a cascade of neurobiological events that also have the potential to cause changes in brain development" (Teicher et al., 2003, 33), affecting a child's later development and resulting in what is described as *toxic stress* (Perry, 2009; Shonkoff and Garner, 2012). Studies in the past decade have begun to highlight the importance of knowing, and better understanding, how children's biological processes interact with their environment at sensitive periods of development, thus shaping each child's brain's architecture and influencing interactions in later life (Teicher et al., 2003; Obradović et al., 2010; Chiang et al., 2015).

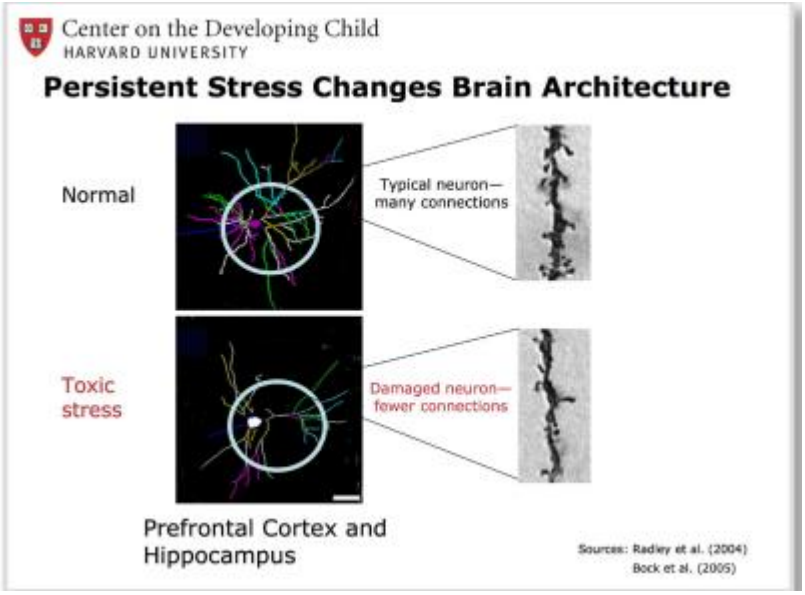
Brain connections, known as synapses, increase at an astounding rate following birth, when babies are in a stimulating and nurturing environment. It is the synapses which organise and create pathways in the brain governing everything people do (Child Welfare Information Gateway, 2009). By the time a child reaches the age of two s/he will have developed approximately 100 trillion synapses. Depending on a child's experiences and level of stimulation, many synapses are

strengthened and many are discarded through a normal process of pruning (Shonkoff and Philips, 2000). Where there is adverse post-natal environment this process may be affected. There is convincing evidence that early childhood neglect shows alterations in brain function (Glaser, 2000). As already documented, an example of suspected alterations in the architecture of the brains was highlighted by Rutter et al. (2004) as possibly contributing to I/O. Similarly, hyperactivity was included in the most commonly found challenges prevalent in a group of IC adoptees living in Ireland from different countries overseas (Greene et al., 2007).

### 2.8.1 Effects of toxic stress

*Toxic stress* is defined as “strong, frequent and prolonged activation of the body’s stress response” (US National Scientific Council on the Developing Child, 2014, 2), as may be the case in chronic neglect and it may impact on brain pathways, which are particularly malleable at the foetal stage and in early childhood. There are three types of stress according to the US National Scientific Council on the Developing Child: First is *positive stress* which is essential for healthy life; second is *tolerable stress* which could alter brain development if prolonged, or if the brain was not given time to recover; the third is *toxic stress.* See Figure 2. 1 showing an image of normal neuronal connections in the brain and one affected by *toxic stress*.

Figure 2. 1 Toxic Stress Changes Brain Architecture



Toxic stress: Brains which are subjected to *toxic stress* such as those of PI children, have immature neural connections in parts of the brain necessary for successful learning and also for behaviour in school (Radley et al., 2004).

During a period of personal interaction in a St. Petersburg institution Muhamedrahimov (2000) observed the limited interaction between the caregivers and the children and the low level of caregivers' responsiveness to children's signals, even if the children were crying. Bowlby suggested that when a child's cries go unheeded he becomes stressed and may eventually withdraw (1952). It has repeatedly been observed that, when adversity and neglect occur very early in life, profound and long-lasting effects may also contribute to later psychiatric problems (Carlson et al., 1997). Such findings support the notion of permanent changes in children who were exposed to adversity early in life, with the main influence resulting from a lasting effect on brain structure and function (Rutter et al., 2004). However, not every child is affected to the same degree. In some cases "the same (temperamental) characteristics that heightened vulnerability" (Gunnar, 2016, 180) for some might also, under ideal conditions, lead to high functioning in others. Rutter et al. (2001) found that, in their cohort of 165 PI Romanian adoptees, one fifth to a quarter of those who were above two years of age at adoption, showed normal functioning in several domains associated with brain function. Based on aforementioned reports of early adversity, *toxic stress* may occur where any of the three levels of Gunnar's (2001) categories of deprivation exist. As outlined earlier, the plan in the current study was not to focus on individual academic scores but to explore how ICA children may engage with the curriculum in the school environment. Academic performance and integration into the school environment constitute important developmental challenges for school-age children and can be useful indicators when gauging the longer term effects of early adversity (Eckenrode et al., 1993).

## 2.9 Possible effects of early deprivation on academic performance

As previously outlined, ICA Romanian children made enormous gains following adoption, with the majority, adopted before the age of two years, performing within the average intelligence quotient (IQ) after a number of years in their adoptive homes, although some had challenges in specific areas (Rutter et al., 2001). Indeed children who spent longer than six months living in institutions prior to adoption showed a stepwise increase in occurring impairments in particular areas

(Kreppner et al., 2007). However, when children were compared to their non-adopted siblings or peers who remained behind in institutions, ICA children performed much better on IQ tests (van Ijzendoorn et al., 2005).

In an effort to establish which areas of cognitive function were most affected by institutional living Pollak et al. (2010) explored the physiological connection between spatial working memory and the prefrontal cortex. In a group of 132 post-institutionalised (PI) children who were adopted on average at 23 months, neuropsychological tests showed deficits in the PI children's working memory and attention, suggesting that "specific aspects of brain-behavioural circuitry may be particularly vulnerable to post-natal experience" (Pollak et al., 2010, 224). Working memory refers to the short-term storage and manipulation of information, which is deemed necessary for a wide range of complex brain activities (Baddeley, 2003). As already explained the prefrontal cortex in the brain is associated with planning and execution of tasks, which is associated with higher intelligence (Guyton and Hall, 2000), and is also necessary for mathematical reasoning. The findings by Pollak et al. (2010) suggested that PI children, especially those who have poor working memory associated with early deprivation, may struggle when performing tasks associated with maths concepts or *mental* maths. While performance in mathematics and related concepts is loosely mentioned in many studies as part of a broader exploration, there appears to be very few studies focusing on the different facets of mathematical learning for ICA children, so it is unclear whether challenges with maths concepts presents a problem for them in the classroom compared to their non-adopted peers.

Cognitive ability is closely associated with school performance and educational success. Some studies suggested that ICA children generally do not perform as well as non-adoptees in school (Kvifte-Andresen, 1992; Dalen, 2002; van Ijzendoorn et al., 2005). According to their meta-analysis of eight studies with 13,291 participants, van Ijzendoorn et al. (2005) concluded that ICA children (12.8%) were referred for special education support twice as often as the non-adopted children in the general population (5.5%). One reason for this may be that adoptive parents may be more inclined to perceive learning problems, as they are often more aware of available services and more alert to potential problems than are non-adoptive parents (Warren, 1992). However, there was a gap between the

ICA children's cognitive competence and their school performance, suggesting that the adoptees performed below their cognitive potential. While the ICA children's IQ performance was similar to their non-adopted siblings in their adoptive families and their environmental peers, their language skills and school performance lagged behind and a higher number of them developed specific learning problems (van Ijzendoorn et al., 2005). This contrasts with Beckett et al. (2006) who found minimal differences in reading attainment in a longitudinal study of Romanian adoptees, when compared to a cohort of foster children in the U.K., and when adjusted for IQ, with no difference in those adopted before six months of age. Similarly, adopted children from Korea outperformed ICA children from other countries and also their peers who were not adopted, in subjects where cognitive competence was required. (Vinnerljung et al., 2010).

Because research findings highlighted specific and varying school-related challenges for some ICA children, knowledge of ICA children's pre-adoption living environment may be of benefit when putting school support strategies in place. However, Greene et al. (2007) found that the majority of parents in their study of 180 ICA children expressed concern about a lack of knowledge amongst professionals regarding the specific challenges deemed to be associated with early life institutional living.

### 2.9.1 Awareness by teachers and other professionals

In many countries, as is the case in Ireland, potential adoptive parents are obliged to attend pre-adoption preparation classes (Greene et al., 2007). As a result, parents may be more knowledgeable about the effects of early deprivation, compared to other professionals who may not have had the desire or the opportunity to attend classes related to IC adoption.

Adoptive parents encountered a low level of awareness across all disciplines including medical doctors, psychologists, health professionals, teachers and social services. Adoptive parents in Ireland believed that "professionals often tried to squeeze children's symptoms into diagnostic boxes which did not fit" (Greene et al., 2007, 348). The Irish adoptive parents' beliefs were supported by findings in a more recent UK-based national study of general medical practitioners (GPs) which revealed that GPs, in general, did not identify conditions in the adopted children

attending their practice, such as ADHD, anxiety disorder, conduct disorder and autism, while disorders of attachment were over-identified by a number of GPs (Woolgar and Baldock, 2015). Interestingly, a more recent Irish survey of GPs, exploring post-placement of ICA children, considered that: 69% out of the 461 ICA children attending their practice had no emotional problems, social challenges or mental health issues; 26% had some form of challenges related to the aforementioned and 18% were referred to the Child and Adolescent Mental Health Services for assessment, with this figure rising to 28% for those children adopted when they were two years of age and older. However, 61% of the 241 GPs who responded to the survey stated that they needed training and information in their dealings with ICA children (O'Shea et al., 2016). Therefore, based on the findings in the UK study by Woolgar and Baldock (2015) and also their self-reported low level of knowledge related to ICA, GPs in the Irish study may also have missed, or over-identified, particular issues or challenges in the population of ICA children. While the study of O'Shea et al. (2016) is unique, findings may not be representative of the ICA child population who attend general medical practices in Ireland, because: (a) of the low response rate of 15% (426 out of a total of 2802), with 243 GPs indicating that they had a total of 461 ICA children on their list of patient records and (b) because, as some GPs reported, they had not always flagged children's ICA status on their records. These results are contrary to those in an earlier Irish study and do not tally with reports that 86% of adoptive parents had their ICA child examined by a general practitioner following adoption (Greene et al., 2007).

Many Irish adoptive parents also drew GPs attention to the struggle they faced when trying to access appropriate support services for their ICA children, and, even when they did manage to access particular services the support they received was minimal (Greene et al., 2007; O'Shea et al., 2016). The long waiting-time to access services and the quality of the services for children in the public system in Ireland pertains to the population in general and not just to children from ICA (Barnardos, 2016). However, many ICA children availed of private support, for which adoptive parents paid, such as speech and language therapy for which 52 out of 180 children sought support (Greene et al., 2007).

## 2.10 Influences on choice of research questions

There is a growing body of research available on many aspects of ICA. Some robust studies give valuable insights into the development and performance of ICA children from Romania, such as Rutter et al. (1998); Rutter et al. (2001); Rutter et al. (2004). Other interesting studies, such as Muhamedrahimov (2000), outlined conditions in institutions in Russia. A small number of studies examined social interaction and some have explored school engagement but there appears to be a dearth of literature exploring the social interaction and school engagement of PI ICA children, while also documenting and linking what was known about each of their pre-adoption living environments and early pre-adoptive interaction. This is understandable, as many studies involved large numbers of ICA children. In the current study, because of the small number of participants, it was possible to explore individual ICA children's pre-adoption living environment and also their behaviours and interactions at adoption and post-adoption, in as far as adoptive parents could recall. PI ICA children were chosen for this study as the majority of adoptive parents in Ireland had an opportunity to visit the institution from which they adopted and, therefore, they got some sense of their child's pre-adoption environment. A somewhat neglected age bracket for research into ICA children appears to be middle childhood. For that reason, and also because children typically begin to broaden their social circle and gradually value their peers and create friendships when they are about eight years of age, the age group from eight to twelve was chosen for this study (Rubin et al., 2006).

Awareness of an individual ICA child's early history and also awareness of the possible effects of early deprivation may influence the diagnosis and management strategies by teachers and other professional in order to support ICA children in school. In the current study the following research questions, relating to the social interaction and school engagement of ICA children in middle childhood in Ireland, have emerged, following the extant review of the literature.

## 2.11 Research questions

Developing appropriate research questions was an important part of this project while planning to explore how early adversity impacts on social interaction and school engagement in middle childhood in Ireland. Three questions are outlined as follows:

1. How do post institutionalised intercountry adopted children socially interact and engage in school?
2. How does teachers' knowledge of the effects of early deprivation influence their perceptions of intercountry adopted children's behaviour or shape how they support the children in the classroom?
3. What are the key areas in which teachers, adoptive parents and other professionals might focus, in order to support intercountry adopted children's social interaction and school engagement?

### 2.12 Summary

This literature review is framed around Gunnar's (2001) three levels of deprivation associated with institutional deprivation and which were categorised according to the extent of the deprivation. An historical context of ICA was provided on an international and a national level. A number of possible pre-adoption influences on children's development were then outlined. Having documented the three levels of institutional deprivation, categorised by Gunnar (2001), conditions in institutional care were discussed, using her categories of nutritional deprivation, levels of material stimulation, and levels of caregiver interaction with the children.
The effects of a number of aspects of early childhood adversity were then discussed including the long term sequelae that these might have on social interaction and school engagement such as: patterns of attachment, language delay and sensory processing disorders. Because many ICA children were reported as displaying high levels of stress (Barcons et al., 2012) a number of effects of early childhood stress were discussed and an explanation given regarding *toxic stress* and its effects. The next section outlined possible effects of early deprivation on aspects relating to engagement with the school curriculum. The discussion then moved on to focus on the awareness of relevant professionals, including teachers, on the possible effects of early deprivation. The final section in this chapter offered a rationale for the choice of the research question and provided an outline of the questions which were used to explore the impact of early life adversity on social interaction and school engagement in middle childhood in Ireland.

The literature suggested that many ICA children lived in adverse conditions prior to adoption (Groze and Ileana, 1996; Johnson, 2000). Lack of a primary caregiver

was strongly associated with insecure patterns of attachment (Bowlby, 2010). Attention deficit hyperactive behaviour was closely linked to insecure attachment (Clarke et al., 2002) while secure children had better school adjustment (Granot and Mayseless, 2001). Language and academic performance are inter-dependent (Glennen, 2002; Meese, 2002; Glennen and Bright, 2005) and while ICA children appeared to manage *day-to-day language* well, *school language* posed a challenge. Inattention/Overactivity was a factor for many of the intercountry adopted children (Kreppner et al., 2001; Wiik et al., 2011). Recent research identified many consequences associated with childhood deprivation such as neuro-developmental, neurobiological and neuro-endocrinal challenges which may have later effects on different areas of function including social interaction and school engagement. However, such effects do not appear to have been explored in a school setting. In summary, seriously adverse pre-adoption experiences in early life and high child-caregiver ratio appear to combine to affect ICA children's social interaction and school engagement. In the following chapter the methodology used in the process of this study is outlined.

# CHAPTER 3: RESEARCH METHODOLOGY

## 3.1 Introduction

Once it was established that this project was practical and feasible, careful attention was given to the methodology design, as suggested for any research project (Cohen et al., 2011). From the outset the topic was associated with issues related to children who had suffered adversity early in life and their engagement with school later in childhood. Initially, the title for the study was broad and, over time, as the study developed, the focus for the project became narrower. However, the draft title was essential in that it provided a signpost for the researcher to keep referring to, and also adapting, as the project developed (Glesne and Peshkin, 1992). As the study progressed, and following an expansive review of the literature, the research questions emerged. An essential part of a research process are the research questions "because they force you to consider that most basic of issues – what is it about your area of interest that you want to know?" (Bryman, 2012, 10). Therefore, fundamental to this study was the formulation of appropriate research questions, which were outlined in Chapter 2.

Philosophical underpinnings are central elements in criticality and appraisal of the completed study (Bryman, 2012), so it is important that these are outlined as part of the research process. The research approach is then explained and was based on how best the research questions might be answered. The methodology used for this investigation is outlined, and includes information regarding the data collection instruments and sampling strategy. In addition, the ethical considerations are outlined in detail. Attention is given to a pilot study and lessons learned in the process. Thematic analysis is explained and each phase of the data analysis is outlined, with reference to appendices. The quality of the research in relation to validity and reliability is also discussed.

## 3.2 Philosophical underpinnings

Philosophy is understood "as the use of abstract ideas and beliefs that inform our research" (Creswell, 2013, 16) and "philosophical assumptions are the explicit, or implicit, starting point for research" (Williams and May, 1996, 135). Embedded in the design of a study is its "internal logic or rationale" (Punch, 2000, 53) or a basic set of beliefs which guides the researcher in order to answer particular research

questions. Ontology, or a set of ideas, refers to the “nature of reality or of a phenomenon” (Cohen et al., 2011, 33) which in turn gives rise to epistemology, or “what is the relationship between the knower and the known?” (Denzin and Lincoln, 2003, 33). The current study was based on this researcher’s ontological assumption that the social world is “something that people are in the process of fashioning” (Bryman, 2004, 3), and the social world is made up of people who interact and bring different emotional responses to it. The intent in the current single case study was to report on the multiple realities or the perceptions of each of the 20 participants. The researcher’s ontological assumptions align with, and, are similar to, her epistemological assumptions, which place an emphasis on human behaviour. With this in mind, it was necessary to get as close as possible to the people whose perceptions and beliefs were sought, and report accurately in an objective and unbiased manner. Based on her ontological and epistemological assumptions engagement by this researcher with the ICA children for data collection might have been expected. However, it was decided not to engage directly with the ICA children because of the sensitive nature of inquiry and also based on verbal reports by adoptive parents to this researcher that many ICA children are reluctant to talk about their adoptive experiences. Nevertheless, it was not necessary to interview the children, as adoptive parents and teachers are very well positioned to answer the research questions relevant to the current study.

The axiological assumption in this qualitative study was that researchers bring their own values and make them known in their study (Creswell, 2013). People may interpret similar events differently so “reality is constructed based on individual interpretations” (Mack, 2010, 5). The presence of the author is constant in her writing throughout this interpretive project and, while the findings represent perceptions of interviewees, the presentation and interpretation by the author must also be considered as playing a role. This study was informed by a relativist ontology where “realities are apprehendable in the form of multiple, intangible mental constructions” (Guba and Lincoln, 1994, 110), and it operated within the framework of an interpretivist paradigm. In order to ensure congruence between a relativist ontology and the interpretivist paradigm, this study was carried out using a qualitative approach. This is in contrast to quantitative research, emphasising “quantification in the collection and analysis of data” (Bryman, 2012: 35), which may have been useful were this study to involve a survey of ICA children. The

intention in this study was to explore, in depth, the perceptions of IC adoptive parents and teachers of ICA children. Early in the project consideration was given to the research approach which best fit with this qualitative project.

### 3.3 Research approach

A qualitative case study approach was considered to be the most suitable design, in order to serve the aim and questions in the current investigation. A case study "is defined solely in terms of its concentration on the specific case, in its context" (Robson, 1993, 149). A case study design was chosen in preference to phenomenology, because a "hallmark of a good qualitative case study is that it presents *in-depth understanding* of the case" (Creswell, 2013, 98, Italics in the original), which was necessary when exploring adoptive parents' and teachers' perceptions of ICA children's social interaction and school engagement. In contrast, phenomenology tends to place emphasis more on exploring "an idea or a single concept" (Creswell, 2013, 78). Participants in this study may be identified as a specific case, in that they are all either an adoptive parent, or a teacher of an ICA child. The focus of the study, the ICA child, may be considered the "concrete entity" (Creswell, 2013, 98), and the case is bounded by the status of IC adoption. It may be described as a single case study in that it is a sample of ICA children between the ages of 8 and 12 years-of-age, without a comparative sample of, for example, domestic adoptees, in which case a multiple or a collective case study might be considered more appropriate (Creswell, 2013). Case study research has been criticised because of "its lack of rigour", as it may "take too long", and may "provide little basis for scientific generalization" (Yin, 2003, 10-11). However, Stake states that "people can learn much that is general from single cases" (1995, 85). The unique strengths of a case study are that it can deal with a wide variety of data (Yin, 2003), as was the case in this study where data were generated through adoptive parent and teacher participation using different methods.

#### 3.3.1 Methods

The methods used must fit with the research questions, and were chosen based on the particular issues that were being explored (Silverman, 2005), and were guided by the research paradigm (Cohen et al., 2011). Data collection instruments were "asking questions, observing events and reading documents" (Bassey, 1999, 81). Instruments with similar goals were implemented in this study, in line with a

qualitative approach and an interpretive paradigm. The data collection instruments were driven by the choice of research questions, although this does not necessarily have to be the case (Bryman, 2012).

*Semi- structured interview*

In line with a qualitative approach, an interview design was considered a key collection instrument for this study, as face-to-face interviews afford the researcher the opportunity of asking questions, delving deeper where necessary and also "investigating underlying motives in a way that postal and other self-administered questionnaires cannot" (Robson, 2002, 272-273). Engaging with the research questions, about how and why a particular method might yield more data compared to another, guided the decision towards the use of semi–structured interviews where there was an emphasis on interviewees' perspectives. This is in contrast to structured interviews where the research questions under investigation would have been clearly specified (Bryman, 2012). Semi-structured interviews in this case study allowed the use of probes and follow-up questions in order to explore topics which may have been unexpected or unanticipated by the researcher. Thus, this method facilitated a deeper understanding of each case. The onus was on the researcher to recognise new and relevant input, to ask appropriate questions, and to remain curious rather than jumping to conclusions as "interpretivist case study researchers are expected to notice opportunities and to follow wherever they lead" (Mabry, 2008, 218).

Therefore, interviews were the main source of information and the method of choice in the current project, together with annotations and observations made by the researcher at the time of the interview, and memos from available relevant documents or reports.

*Annotations and Memos*

The researcher made notes regarding her own observations and happenings during the interview, for example, noting the reason why the audio recorder might be turned off. Out of respect for interviewees and without being requested to do so, the researcher turned off the recording device on a small number of occasions in the course of some interviews. These occasions were typically when adoptive parents became upset in recounting their children's pre-adoption events. It is

important to note that not all data may be evident on a recording device. Incidental happenings and observations, such as those outlined above, were recorded as memos following the interview and linked to the primary data source. It is important to note that the non-verbal communication can sometimes be more valuable than the verbal communication (Cohen et al., 2011).

*Documents as sources of data*

Through her work with ICA children the researcher in this project was aware that many adoptive parents from time to time sought out, mostly in a private capacity, the services of other professionals such as educational psychologists and/or speech and language therapists. To validate specific findings in this study, reports on some of those assessments were also used as memos to support, or in some cases to contradict, the perceptions of adoptive parents and teachers. Adoptive parents are the owners of those reports so access to them, in line with strict ethical guidelines, was at the behest of the adoptive parents. All of the adoptive parents were very willing to share any available reports or documents. Aside from the sampling of documents, careful consideration was also given to the sampling strategy for participants.

### 3.3.2 Sampling strategy

In line with a qualitative approach *a priori* purposive sampling was used, where the criteria for choosing participants were established at the beginning of the study (Bryman, 2012). This was in contrast to probability sampling where any random member of the public has an equal chance of participating in the research (Cohen et al., 2011). As explained earlier, the subjects in this single case study were bound by the fact that they were all adopted from overseas. PI ICA children were chosen for this study, as the majority of adoptive parents had the opportunity to visit the institution from which they adopted, and, therefore, gleaned some sense of their children's pre-adoption environments. As explained in Chapter 2 many adoptive parents had little or no information about their children's birth families. Children adopted directly from birth families or from foster care may have had very different experiences pre-adoption compared to children who had lived in institutions. As already explained a somewhat neglected age bracket in the literature appears to be eight to twelve-year-olds. For this reason, and because children typically begin to broaden their social circle and gradually value their

peers and create friendships when they are about eight years of age, the lower age group of eight was chosen for this study (Rubin et al., 2006). The upper age limit was confined to twelve years of age as children of twelve are normally still in primary school, the level to which this research was confined. In Ireland children attend primary school between the ages of four and twelve (Department of Education and Skills, 2017).

For each subject, a set of two participants was required - an adoptive parent and teacher of each of the ICA children. Adoptive parents and teachers were chosen as they were deemed to be best positioned to answer the research questions in relation to the social interaction and school engagement of the ICA children in this case study. Sample size was an important consideration as a qualitative sample size needs “to be representative of the population under consideration as a breadth of inquiry is anticipated” (Boddy, 2016, 429). However, Patton suggested that “the validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information richness of the case…than with sample size” (2002, 245). In this project a sample of twenty interviewees, ten adoptive parents and ten teachers, was deemed to be a manageable number from both a time and a cost viewpoint. Because it was a purposive sample, it was necessary to travel long distances to wherever potential interviewees made themselves available.

Snowball sampling was engaged until ten adoptive parents consented to participate, along with the ten teachers of each of the ICA children. In snowball sampling, key people are identified as possible participants, and then requested to put the researcher in touch with other people, who would possibly suit the criteria for inclusion in the study (Cohen et al., 2011). Once adoptive parents had identified themselves, by telephone or by email, as possible participants and once they fitted the required criteria outlined below, further information was posted out to them. This was followed up with a telephone call so that the study could be discussed further and an opportunity was given for them to ask questions. Each adoptive parent was asked to discuss the impending study with their ICA child’s teacher, so that the teacher would be afforded the opportunity to decide whether s/he was willing to receive information about being a possible participant in the study. With parents’ consent this was done initially by telephone to give a brief outline of the study and to clarify if they were willing to receive further written

information. If so, then this was posted out to them. Follow-up included another telephone call, where criteria for inclusion were explained and any queries were answered. On one occasion, for the pilot study, an adoptive parent consented to be a participant, but the teacher was reluctant to become involved. In this case the particular parent was not included and a replacement was found. The researcher subsequently telephoned the adoptive parent, thanked her for her willingness to be a participant and explained that for each ICA child a set, comprising an adoptive parent and the child's teacher, was required.

*Criteria for inclusion of interviewees and subjects*

The research questions were explored through the perceptions of one adoptive parent of each of the ICA children. Where there were two parents, preference was given, where suitable, to the person who spends most time with the child, and also the current teacher of each of the ten adopted children. At the outset the criterion was that children had spent more than six months living in an institution prior to being adopted. The reason for this was, as stated in Chapter 2, that research findings suggested that ICA children who were adopted before six months of age, made a complete or almost complete recovery developmentally (Rutter et al., 1998). However, through snowball sampling an adoptive parent of a girl adopted at 3.75 months presented herself as a possible participant in this study. As she was the only girl adoptee; was from a different country to most of the other ICA children whose parents had agreed to be participants; and not least because she and her adoptive parents lived within a radius of 50 miles, the decision was made to accept her as a subject under discussion in this study. The other nine ICA children in this study had spent at least six months living in an institution prior to adoption. Another criterion for inclusion was that each child had spent a minimum of five years with their adoptive families so that they all had a reasonable amount of time to adjust to their family setting. A further criterion was that ICA children had attended primary school in Ireland since the age of four or five and, therefore, had been exposed to a similar curriculum, as set by the Department of Education in Ireland. Children were excluded from the study if: they had chronic physical health problems; were diagnosed with foetal alcohol syndrome; were diagnosed with global delay or a general learning disability.

*Access to participants*

Access may be more difficult where the research topic is in any way sensitive and, therefore, in this project it was important early on to check that access to the required people was possible. It was also important to know exactly "to what" (Cohen et al., 2011, 109) access was being sought, so that this was clearly explained to the participants. Prior to commencing this study, the first stage was to open discussion with adoptive parents, as they are the "legitimate gatekeepers" (Seidman, 2013, 47) to their ICA children and also to the teachers of their ICA children. Gatekeepers to the teachers were the adoptive parents, in the first instance, and, in some cases, were occasionally the principals in the different schools, unless the teacher was also the school principal. Gatekeepers may allow or halt access (Cohen et al., 2011), and it was important to seek to establish "interpersonal trust" (Lee, 1993, 123) with them if possible.

### 3.3.3 Ethical considerations

It was essential that strict ethical guidelines were adhered to, as guided by the British Educational Research Association (BERA) (2011), and the ethics committee of the University of Lincoln. Ethical concerns were of utmost importance at every stage of the research process (Denzin and Lincoln, 2000), and utmost consideration must be paid to integrity in the production of knowledge (O'Leary, 2010). As all educational research is deemed to be sensitive and "what appears innocent to the researcher may be highly sensitive to the researched" (Cohen et al., 2011, 165-166). Therefore, being sensitive to the feelings of parents, teachers and children was important in the beginning and at all times throughout the project. As qualitative researchers, we may be considered as guests in the private world of each of the participants (Stake, 2000). In this current study the researcher was a guest in three worlds; adoptive mothers, teachers and ICA children, in order to explore matters pertaining to a larger world. It was crucial to be aware that adoptive parents may be reluctant to discuss issues related to their ICA child, as interview questions may be deemed invasive as they probe into their private family lives (Lee, 1993). The intention was not to interview children directly as many ICA children might still be in the process of building an attachment relationship to their adoptive parents and previous research suggested that some had no desire to be reminded of their adoption experience (Greene et al., 2007). Nevertheless, ethical considerations regarding each child's best interests were followed which complied

with Article 3 of the United Nations (UN) Convention on the Rights of the Child (1990). In line with this researcher's relativist ontology, it was important to be cognisant of the fact "that there can be no absolute guidelines" (Cohen et al., 2011, 87), and that ethical considerations would arise throughout the study. It was necessary prior to doing any research that informed consent be sought from each of the participants, as this is an essential component of any study. See Appendix 1 with ethical approval form.

*Informed consent*

The term 'informed consent' implies that participants were aware and fully understood the risks and benefits of being a participant in the study. They were also reassured that participation was entirely voluntary (Flynn and Goldsmith, 2013). At the point of seeking access, ethical considerations were considered with respect to where IC adoptive parents would be interviewed and also where teachers would be interviewed. Extra and differing ethical considerations were afforded to each.

As already explained, parents of ICA children were the initial point of contact in this study and, following a telephone discussion with them, they were sent "objective information about the research" (Ferguson and Armstrong, 2009, 119), prior to seeking any consent. See Appendix 2 outlining information to parents. While "in-depth interviewing does not pose a life and death situation" (Seidman, 2013, 63) it is nonetheless not risk-free, as some degree of emotional distress may arise in the course of the interview. IC adoption may be a sensitive topic for parents, and their ICA children's school engagement may be sensitive for both parents and teachers. If the adoptive parent was willing to participate in the study they were also asked for written consent to allow the researcher and the teacher to discuss his/her ICA child. See sample of this consent in Appendix 3.

Following permission from adopted parents the researcher then made contact with the adopted child's school by telephone, first with the school principal and then with the child's teacher. The purpose of the telephone call was to explain what was involved and to establish whether teachers were agreeable to receiving further written information with a view to being a participant in the study. See Appendix 4 which was sent to relevant schools. This was followed up within three days by a

telephone call from the researcher to the teacher in order to answer any queries in relation to participation in the study and also to arrange a location and date/time of interview if teacher agreed to participate. It was important to establish a good working relationship with those at the site of data collection (within the boundaries agreed by all concerned), especially at the schools where teachers may be under time pressure (Candlin, 2003). Some class teachers were also either school principals or deputy principals. This was not the case for all teacher participants, and for that reason, permission from the school principal to enter the school premises in order to carry out the interview with the class teacher was included in a teacher/principal consent form. See Appendix 5 with the teacher/principal consent form. Appendix 6 is an example of the adoptive parent consent form which was signed prior to administering the adoptive parent interviews. It was also important to be cognisant of the fact that, as in any other project "informed consent may require ongoing renegotiation" (Duncombe and Jessop, 2002, 111).

*Right to withdraw*

Participants were informed in the information sheet of their right to withdraw their participation at any time without giving a reason. They were again reminded of their right to withdraw prior to signing the consent form and immediately preceding the interview. Participants were also informed of their right to refuse to answer any individual questions, without giving a reason. Furthermore, participants were informed that they were free to withdraw data derived from their interview at any time, up to the date specified on the information sheet, in which case all relevant data would be destroyed, and not included in the study.

*Risk Management*

Since the focus of the study was adoptive parents' perceptions of their ICA children's social interaction and school engagement and also teachers' perceptions, there were aspects of potential risks to be considered. In the first instance, interviews with parents of ICA children included discussions related to each of their adopted child's early life in the institution and the various stages of life with their child following adoption. Asking questions may have given rise to emotional upset in participants, especially when discussing a sensitive topic such as early adversity to which their child was exposed, and this may have negatively influenced the outcome of the interviews (Bryman, 2012). As a practitioner who

interviews parents on a daily basis, this researcher was confident that her experience would allow her to manage such a situation sensitively in accordance with her practice guidelines, and also that of the ethics committee at the University of Lincoln. It is proposed that in research of this kind interviewees expose themselves to the interviewer and trust that they will not be violated. Participants might feel vulnerable as they place a portion of themselves, a representation of who they are, into the safekeeping of the researcher (Rubin and Rubin, 2012). Therefore, the onus was on this researcher, from a moral and an ethical viewpoint, to protect the information that was shared with her. Confidentiality was guaranteed to all participants. Prior to each interview, the adoptive parents were specifically given a guarantee that nothing in relation to his/her interview would be discussed with his/her ICA child's teacher, and the teachers were likewise guaranteed that no part of his/her interview would be discussed with the adoptive parent. Stating this at the beginning of the interviews avoided the possibility of adoptive parents asking what the teacher said or teachers asking what the parent may have said in relation to their ICA child in school. Following each interview, both the adoptive parent interviewee and teacher interviewee were contacted within three days to enquire whether there was any resulting latent stress, or, if any follow-on questions or related concerns had arisen.

*Data Storage and identity protection*

At the start of the interview, adoptive parents and teachers were asked if they wished to use a pseudonym when referring to the ICA child. Some preferred to use the child's real name, as they said they would probably forget to use the pseudonym in the course of the interview. In those cases, the researcher changed the real names of the children to pseudonyms when transcribing the interviews. In order to also protect the identities of adoptive parents and teachers, numbers from one to ten were used as will be explained in detail in Chapter 4. There was no reference to the names of particular schools at any stage of the transcription, except in the personal notes of the researcher as part of the demographic log. Hard copies of signed consent forms were securely stored in a locked cabinet. The large amount of data collected were properly labelled and also securely stored in a locked cabinet. Recorded interviews were transferred from the recording device to a password-protected external hard drive, and also locked in a cabinet. The qualitative data analysis Nvivo 11 software was used when transcribing the

interviews. This is held on a password protected computer, and will be kept securely for a period of seven years in line with the University of Lincoln regulations. Any and all data, whether in hard copy or on computer software is treated with utmost care, and is not accessible to anyone apart from the researcher. Other than the researcher, no-one has access to the small storage room where the cabinet is stored.

### 3.4 Positionality

Researcher positionality was an important consideration in this study. As this researcher is not a parent of an ICA child, she may be considered as an *outsider* researcher, and therefore there might be an assumption that she knows very little about the process of adopting and rearing a child from another country. Being an *outsider* researcher may be viewed as an impediment but, when there is openness and honesty between the researcher and the participants, the negative factor associated with being an *outsider* in the research process is reduced (Corbin-Dwyer and Buckle, 2009). However, *insider* researchers are considered to have a better interpretation and understanding of the culture of their participants and thus may unearth otherwise hidden meanings in the research (Kuscow, 2003). In contrast, a certain level of detachment associated with being an *outsider* was considered beneficial in this study as it enabled the researcher to formulate independent conclusions by being more objective, the implications of which may not have been apparent to an *insider* researcher (Merriam et al., 2001). Moreover, Hellawell (2006) suggested that being too close to the research may taint the objectivity of the researcher.

Apart from facilitating presentations, where some of the participants may have been present in the group, none of the participants in the main study were known to this researcher prior to embarking on the research project. While she has worked with children from IC adoption for many years, participants may have considered her to be well informed on the topic. However, this may also have been a disadvantage, as participants might have perceived her as having an advantage over them because, as Mercer suggests, “people’s willingness to talk to you and what people say to you is influenced by who they think you are” (2007, 7). Being conscious of the possibility of those perceptions by the participants was helpful to the researcher so that she was careful that her demeanour or her style of

interviewing did not convey the false impression that her knowledge of the topic of discussion relating to IC adoption was in any way superior to theirs. A remark by an adoptive parent in the course of the pilot study, outlined below, reminded this researcher of the importance of *positionality* in the course of any research.

### 3.5 The pilot study

Prior to undertaking the pilot study *mock* interviews were carried out with a small number of colleagues. The reason for this was to gain experience in: asking open-ended questions; putting the interviewee at ease; prompting where necessary; guiding the participant back on track if the interview went off-topic and also to explore whether there were different interpretations by different people to the same type of question. Ethical approval was granted by the University of Lincoln prior to embarking on the pilot study. This was not a pre-test, but rather, as Yin (1994) suggested, an opportunity to further develop and refine strategies of inquiry and data collection. A good listener is key to completing a good interview and this researcher set about her pilot study while being mindful of Robson's (2002) warning that the majority of interviewers talk far too much. A semi-structured interview was used with one adoptive parent who this researcher had met briefly in the past and also with the ICA child's teacher, with whom the researcher was not acquainted. This particular child did not have any reports from other professionals in order to support statements from either the teacher or parent. The parent's perceptions, in this case the adoptive mother, were very enlightening in relation to her ICA child's early life and his progress to date. However, the body language of the researcher may have reflected her own anxiety as the respondent also appeared to be a little nervous. Interestingly, the interviewee commented, early in the interview, that she was not very well educated and hoped that she would be able to answer the questions. This statement alerted this researcher to the possibility of perceived inequality by the respondent between her and the researcher. The quiet discomfort experienced by this researcher caused her to gloss over the interviewee's statement and, while the researcher reassured the interviewee that she was more of an expert on her ICA child than anyone else, there remains a doubt as to whether this comment did much to empower her. It may be that an interview of this nature in itself disempowered the particular parent. The question remains as to whether she perceived herself as *uneducated* in her own right or in relation to her perception of this researcher as being more or less

*educated* than her. This researcher was neither expecting nor prepared for such a comment and, while it was an awkward moment at the outset of the pilot study, it did help to prepare her for future interviews, were a similar episode to recur during the main research. This incident gave meaning to what Lee meant when he argued that once the existence of power relations is recognised in an interview, it "becomes difficult to overlook" (1993, 107).

The teacher's input on the child's behaviour and performance in school was also an important source of data to illuminate the research questions in relation to the child's engagement in school. The particular teacher in the pilot study was also the school principal and, therefore, extra permission to enter the school premises was not required in this case. The interview took place in the teacher's classroom after school and therefore there was no disruption to the teacher's school timetable. While it was not possible to draw any particular conclusions from those pilot interviews, the exercise was very useful in preparation for interviews in the main research.

Memos, written by this researcher when alone in a silent space shortly after the interviews, highlighted the importance of a quiet environment where the interviewee felt comfortable to talk or cry, as the adoptive mother did in the course of her interview during the pilot study. It also highlighted the sensitivity of the topic and the importance of connecting with participants within a short time of the interview, and to gauge whether they might need further professional support. The pilot study also indicated that it was necessary to allow about 45 minutes for the interviews in the main study.

### 3.6 Conducting the interviews

Semi-structured interviews require "more discipline and more creativity in the session" and "more time for analysis and interpretation after the session" (Wengraf, 2001, 5). Part of interview planning and preparation includes seeking the necessary permission and arranging appointment times (Robson, 2002). Advance notice of one to two weeks was given to the participants and were carried out at a date and time which best suited them. The interview locations were organised through telephone conversations and were arranged to suit the participants. Most adoptive parents opted to be interviewed at home. Where they

opted to be interviewed in a neutral venue, a quiet room was organised in a local hotel. All of the teachers opted to be interviewed at their schools. As the interviews were carried out at different locations in Ireland, for safety reasons, notice of location and expected time of return was given to a person well known to the researcher. Permission was sought from each interviewee to record the interviews and this was willingly allowed by all participants. A receptive rather than an assertive strategy was chosen by the researcher as the dominant style of interviewing. According to Wengraf (2001), an assertive strategy has little, if any, place in research, where semi-structured interviews are used. The use of an assertive strategy may have the effect of the participants potentially feeling threatened and not left with a good feeling after the interview (Wengraf, 2001). It was essential to ensure that the necessary recording equipment was in working order and extra batteries were on hand. A previously prepared interview guide, with a list of questions and issues to be explored, was also taken by the researcher to the interview. See Appendix 7 with interview guide questions. The interview guide ensured that the same basic subjects and lines of enquiry were broadly followed with each participant. The researcher is thus free to construct a conversation style around each subject area. The advantage of having an interview guide is that the interviewer can best manage the interview, and use probes when necessary, in the limited time available (Patton, 2002). Brief notes were taken during the course of the interview as reminders to the researcher to revert to a particular topic. The researcher gave the interviewees her full attention and she discovered early on that writing long notes interrupted the flow of conversation. Therefore, she tended to write single words to remind her to revert to a particular topic. Recording rather than taking notes allowed the researcher to pay more attention to the direction of the interview, rather than focusing on the content (Bassey, 1999). However, the researcher made detailed notes shortly after leaving each location, outlining observations made during the interview and including useful data relayed through senses other than language. According to Yin, it is important that in the course of the interviews, keen observations are also made of other modalities (2009). The researcher also noted her own feelings and emotions surrounding each interview and considered how she could improve on subsequent interviews. In exploring their perceptions, the researcher must also be cognisant of the fact that different people “embrace different realities” (Creswell,

2013, 20), and what may be offensive and sensitive to one person may not be to another.

In order to put the interviewee at ease and as the interview opener, the researcher usually made some general comments of appreciation for agreeing to be a participant. Participants were given the opportunity to ask questions if they had any queries before or after the interview. The researcher repeated what had already been written in the information leaflet and reiterated that he/she had the right to refuse to answer any of the questions or withdraw from the study completely, if they changed their minds about participating. Then they were asked to sign the consent form. In the follow-up telephone call participants rarely had any questions or concerns, but some adoptive parents rather than teachers contributed extra information when they were reflecting back on the interview in the intervening time. An audio copy of each interview was imported into NVivo 11 computer software and transcribed as soon as possible following the interviews. When all of the interviews were transcribed, the next step was to commence analysing the data.

### 3.7 Analysing data

Qualitative data analysis is defined “as consisting of three concurrent flows of activity: data reduction, data display, and conclusion drawing/verification” (Myles and Huberman, 1994, 11). Thematic analysis was the approach of choice for the current study as the process involves the scrupulous reading and re-reading of the data until there is a form of pattern recognition within the data, “where emerging themes become the categories for analysis” (Fereday and Muir-Cochrane, 2006, 82). Thematic analysis is defined as: “a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, it goes further than this, and interprets various aspects of the research topic” (Braun and Clarke, 2006, 79).

Thematic analysis fits with the qualitative approach and interpretive paradigm in the current project. It differs from other methods of analysis, such as interpretative phenomenological analysis or grounded theory, which, although they seek patterns in the data, they are “theoretically bounded” (Braun and Clarke, 2006, 80). In this qualitative study, exploring the effects of early adversity on children’s

social interaction and school engagement, while the approach was predominantly inductive in nature a hybrid approach of thematic analysis was chosen. The method of analysis was inductive in that the themes identified in the data were strongly linked to the data (Patton, 1990), and also deductive in that codes were applied to organise the data for interpretation as outlined by Crabtree and Miller (1999), with attention to the literature, in particular the categories of deprivation described by Gunnar (2001), and also in line with the research questions in the current study. Data analysis software, Nvivo 11, was used as a tool for efficiency in helping to organise the data and to create a trail of the process. It is not a tool which, in itself, conducts analysis or draws conclusions. Qualitative researchers "want tools which support analysis, but leave the analyst firmly in charge" (Fielding and Lee, 1998, 167), and this is how this software was used in this project. A concept of thematic analysis, developed by Braun and Clarke, involved "the searching across a data set ...to find repeated patterns of meaning" (2006, 86). In line with guidelines set out by Braun and Clarke, data analysis for the current project was developed by working through the following six phases. During the analysis, it was necessary to move back and forth between the phases and, in accord with Ely et al. (1997), it was a slow process which developed over time.

### 3.7.1 Phase 1: Familiarisation with data

Initial thoughts and ideas about the data content in this study were generated in the course of the semi-structured interviews. Notes taken immediately after each interview marked ideas for coding which were helpful later in the analysis process. Each interview recording was played back while driving from each interview location. In this way I became more familiar with the content and began to note some initial thoughts on the data, in relation to the main research question. This process provided the foundation for the rest of the analysis.

*Transcribing the interviews*

Because of the sensitive nature of this study and to ensure confidentiality I did all of the transcriptions personally. As previously stated, ethical issues are of utmost importance throughout the study. Another reason for personally transcribing the interviews is that the process of transcription may be viewed as a mode of interpretation rather than just writing down the words of interviewees (Lapadat and Lindsay, 1999). Although the transcription was arduous and time-consuming, it

proved to be very useful in getting to know the data, as proffered by Riessman (1993). Each transcript provided a verbatim account of each interview, with punctuation inserted in the appropriate places. While, on occasions, it was tempting to correct mispronunciations or repetitions, this was avoided, as the purpose of the transcriptions was to create a precise account of what people actually said rather than "a corrected version" (King and Horrocks, 2010, 148). The first few interviews were transcribed into a 'Microsoft Word' document, and then imported from the 'Word' document into Nvivo. However, as I became more familiar with the Nvivo software I imported the interview recordings into Nvivo and transcribed them directly within the software programme. This exercise proved to be less time consuming. Two separate data folders were created in Nvivo – one for the interview recordings and transcribed data from the adoptive parents, and one for the interview recordings and transcribed data from the teachers of the ICA. Field notes contained some useful thoughts and reflections regarding each interview and included reasons why the recording device might have been intentionally switched off during some of the interviews. These were stored as memos in Nvivo and were linked to the appropriate adoptive parent or teacher folder. The use of field notes was important as they contained quality information which offered insights that were useful in addressing "the recommended categories for analytic memo reflection" (Saldana, 2009, 33). After each transcription I played back the original audio. Transcripts were checked for accuracy and analytical memos were added to some of them. When all of the transcriptions were completed I read through the entire data set many times, during which I took notes and highlighted ideas for coding later in the analysis process. As a result, I became very familiar with the raw data and the whole transcription process informed the early phase of analysis. A copy of each of the participant's transcribed interview was forwarded to them with an invitation to make any amendments, additions or corrections. The next stage of analysis began by systematically going through all of the data generated in the research project. Writing memos became part of the process of transcription, and numerous memos were also created during each of the phases of data analysis. The memos were stored under headings related to their content, and were also linked to the appropriate participant in either of the two separate folders for adoptive parents and teachers. For the duration of the current study a digital recorder was kept close to the researcher and ideas, reflections or insights, regarding aspects of the

research were frequently committed to the recording device for later investigation or inclusion. The next phase of analysis proceeded to open coding of the data.

### 3.7.2 Phase 2: Generating initial codes

Phase 2 began once I was familiar with the data and had itemised a list of ideas about what they contained and what was most interesting about them. I systematically, line by line, worked through the entire data set giving full and equal attention to each data item. Initial codes were thus produced from the data, and a descriptive code was assigned to each piece of datum. Table 3. 1 shows an example of this process.

Table 3. 1 Example of Coding from Entire Data Set

| ***Text*** | ***Code*** |
|---|---|
| *He does (know his story) but he would not remember it.* | *Memory* |
| *Touch is sensitive. The auditory part has calmed down a good bit. He still seeks that really, really spicy food, yeah. He'd put tabasco on everything. But it's the touch, really. Having said that now, he'll allow me to do a facial on him which is great.* | *Sensory issues* |

Creating codes is part of the analysis and involves "a deep reflection about and, thus, deep analysis and interpretation of the data's meanings" (Miles et al., 2014, 72), and refers to "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998, 63). Bryman refers to coding as "generating an index of terms" that helps the researcher "to interpret and theorize in relation to" (2016, 581) the data. Using Nvivo software system as a support tool, this phase, of generating initial codes as part of the analysis, organised the data into content related groups, or what Newby referred to as "tagging" (2010, 467). Coding was "carried out by applying nodes to segments of text" (Bryman, 2016, 609). Descriptions were added for many codes when further explanations were considered appropriate. See Appendix 8 - *Generating Initial Codes* with codebook of Phase 2 of open coding of the data. At the outset of this phase I considered maintaining the coded data from the adoptive parents and the data from the teachers in separate folders However, as many of the categories were relevant to both groups, such as the one

outlined in Table 3.1 above, for clarity it appeared to make more sense to place the data in the same folder at this stage while labelling the sources of the data, so that the data from both sets of participants could be compared and contrasted in the writing up phase later. Therefore, following discussion with and guidance from my supervisor, the data from each set of participants were combined at this phase. Data was clearly labelled and ordered in such a way that the data from the adoptive parents were seen first towards the top of the pages in Nvivo above a line dividing them from the data from the teachers below the line, and this consistency was maintained until the data analysis was complete. Numerous potential themes were coded for, while retaining some of the surrounding data when relevant, in order to place the data in context. Some extracts from the data were coded once and some were coded numerous times as some transcripts fitted under a number of different codes. Much of the coding was done when listening to the recordings, while at the same time reading the transcripts. This was useful to pick up the emotions of the interviewees and the nuances of language. In the next phase the codes were analysed and developed into categories.

### 3.7.3 Phase 3: Searching for themes - developing categories

Phase 3 began when all of the data had been coded and collated. In this phase there was re-focusing of the first stage of analysis and involved refining the codes. Consideration was given to how they might fit into broader categories or overarching themes. For example, as part of the semi-structured interviews, adoptive parents and teachers were asked questions relating to how the ICA children performed in school. Having initially coded the data to cover many different aspects of school performance I categorised their responses into *Academic Performance*. See Table 3. 2 below where a number of school based activities were categorised into a broader category:

Table 3. 2 From Coding to Category

| ***Category: Academic Performance*** |
|---|
| *Code: Concentration* |
| *Code: Copying Down from Board* |
| *Code: Following a Sequence of Instructions* |
| *Code: Handwriting* |
| *Code: Homework* |
| *Code: Irish language* |
| *Code: Literacy* |
| *Code: Maths* |
| *Code: Planning and Organising* |

Where some codes related to ideas or categories identified in the existing literature, these category labels were then applied to the data. At this stage I began to consider the relationships between the different codes and between the different levels of categories. I rearranged and reclassified some already coded data into different, and occasionally new, categories. Therefore, this phase saw the development of categories and subcategories, where happenings or events in the data occurred a number of times and consistently happened in a particular way (Miles et al., 2014). None of the data extracts were discarded at this stage, as the deleted data "might contain the as yet unknown units of data that could pull everything together, or include the negative case that motivates a rethinking of a code, category, theme, concept, theory, or assertion" (Saldaña, 2009, 15). Saldaña explains that a "theme is an *outcome* of coding, categorization, and analytic reflection, not something that is, in itself, coded" (2009, 13, Italics in the original). Themes capture "something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun and Clarke, 2006, 10). Appendix 9 displays the codebook for Phase 3 – *Searching for themes*. The next phase developed the analysis further and explored whether the categories could be combined to form even broader themes, refined, discarded completely, or separated.

### 3.7.4 Phase 4: Reviewing themes (Drilling down)

This phase began when I had devised a set of what Braun and Clarke described as “candidate themes, and it involves the refinement of those themes” (2006, 20). In line with the interpretive paradigm of the current project, this refinement continued in an iterative process. Braun and Clarke suggested that this particular “phase involves two levels of reviewing and refining” of themes (2006, 20). The first level involved a review of all the coded data extracts under each category. Having thoroughly read through the collated extracts and considered whether they formed a coherent pattern, it became evident that occasionally some of the data extracts in individual categories did not fit well together. In those cases I tried to weave the data into another category which had a similar theme. Saldaña suggests that “one of the most critical outcomes of qualitative data analysis is to interpret how the individual components of the study weave together” (2009, 36). In this study, data extracts in one category were, on some occasions, similar to those in another category and it was possible to merge them under a broader theme. Occasionally, some categories were discarded, when, for example, some data extracts did not fit appropriately under any category, they had very little data in them or, the data were too diverse and unrelated to my research questions. Once I was satisfied that the set of potential themes captured the essence of the coded data, I was ready to progress to level two of this phase. The outcome of the refinement in Phase 4 may be seen in the Codebook in Appendix 10 – *Reviewing Themes.*

The second level in Phase 4, as proposed by Braun and Clarke (2006), was to ensure that there were clear distinctions between each theme. This level involved a similar process to doing level one, except that it related to the entire data set. I considered the validity of individual themes in relation to the entire data set and also checked how accurately the themes reflected the meanings conveyed throughout the entire data. By re-reading the entire data set I considered whether the themes fitted appropriately to the entire data, and also checked whether any data within the categories had been missed out in earlier coding phases. Some more data were coded within relevant themes. At this stage I also changed the wording of some themes to better reflect their data content. By the end of this phase there was more structure to the data and I was satisfied that the emerging themes reflected the story of the entire data.

### 3.7.5 Phase 5: Defining and naming themes (Data reduction)

In Phase 5 there was further defining and refining of the themes to present in my analysis. As Braun and Clarke suggested, it was important to identify the essence of what each theme was about (as well as the themes overall) and decide "what aspect of the data each theme captures" (2006, 92). I, once more, read and re-read each of the collated data extracts under each theme and carefully considered how they would fit into a broader overarching theme in relation to my research questions. I considered whether writing a detailed analysis of each theme would do justice to the participants who made up this single case study and honour their perceptions in the relaying of their *story* about the social interaction and school engagement of ICA children. Each theme was considered separately, and also in relation to each of the other themes, in order to ensure that the themes were distinct from each other. Three main overarching themes were identified. In order to create more structure in preparation for analysing the data, and to demonstrate "the hierarchy of meaning within the data" (Braun and Clarke, 2006, 92), three to four subthemes were identified under each main theme. Although the themes already had working titles, the themes were renamed in order to give a more concise meaning to the data contained in them and also to provide clarity for the reader.

Codebook in Appendix 11- *Defining and Naming Themes* shows this phase of the project containing three main themes and also the sub-themes. At the end of Phase 5 I had clearly defined themes which I was ready to use in my final analysis. The three main themes identified in this study were:

1. Intercountry adopted children's early childhood influencing later outcomes
2. Awareness by teachers of the effects of early life adversity influencing management strategies and stress reduction in the classroom
3. Strategies identified by adoptive parents and teachers in order to best support ICA children's social interaction and school engagement in the future.

Having completed phase 5 the next step involved writing up the study findings and analysis.

### 3.7.6 Phase 6 Final analysis and writing up findings and discussion

This phase involved the final analysis, write up, and discussion of the findings in the study. I was mindful that the analysis should provide a concise and coherent account of the story reflected in the data, both within each theme and across all themes. I was also conscious that my *telling of the story* should follow a logical and sequential flow in order to maintain the interest of the reader. While writing the analysis it was important that sufficient relevant extracts were provided from the data in order to validate the existence of each theme. The labelling and the ordering of the data sources in the same folder outlined in phase 2 created clarity and ease for the task of the final analysis and writing up of the findings and discussion. All through this write up phase I frequently referred back to my research questions and ensured that an argument was made in relation to each question. During the write up and discussion phase I also reflected on how the broader literature integrated with the thematic framework of this project, and explored broader analytical accounts of how early life adversity impacted on social interaction and school engagement in middle childhood in Ireland. Appendix 12 shows an example of engagement of the literature with the thematic framework.

## 3.8 Quality of the research

The validity and reliability of case study research is frequently questioned. Common criticisms are that findings deriving from it cannot be generalised or that it can lack reliability and validity (Hammersley, 2007; Bryman, 2016). However, although “one cannot generalise from single cases or very small samples, one can learn from them – and learn a great deal, often opening up new territory for further research” (Patton, 2002, 46). The concept of validity appears to be explained in different terms in qualitative research compared to quantitative studies where “the traditional criteria for validity find their roots in a positivist tradition” (Golafshani, 2003, 599). Flick suggested that a basic problem associated with “assessing the validity of qualitative research is how to specify the link between the relations that are studied and the version of them provided by the researcher” (2014, 483). Altheide and Johnson (1998) argued that the concept of validation is relevant to the whole research project and the relationships at work within the study. It is quite easy, at each stage of a research project, to edge into invalidity (Cohen et al. 2011, 198). According to Lincoln and Guba (1985) the core issues in qualitative research are about establishing trustworthiness where conventionally these were

described as validity and reliability. Similarly, in relation to the concept of *rigor,* while acknowledging its use more in relation to quantitative research, Davies and Dodd suggested a “reconception of rigor by exploring subjectivity, reflexivity, and the social interaction of interviewing” more appropriate for qualitative research (2002, 281). With this in mind I aimed to reduce threats to the *validity* of this project and to focus on the concept of *trustworthiness* from the outset, while exploring how early life adversity impacts on the social interaction and school engagement of children in middle childhood in Ireland. Chapter 1 defines early adversity and why PI ICA children were chosen as suitable subjects for the project. Chapter 1 also offers a rationale for the study, while clearly outlining the aim and objectives of the project. Chapter 2 places the study in context and offers an in-depth literature review. This chapter - Chapter 3, details the sampling strategy and also the appropriate methods which were used in line with a qualitative inquiry. The fact that none of the participants was previously known to the researcher may have increased the trustworthiness in this study for reasons previously outlined. As well as describing the theoretical framework for this inquiry, probing the interpretations of interview questions with colleagues, with a view to exploring how different people may interpret the meaning of questions, was useful, prior to doing the pilot study. I was also conscious of different interpretations of the data. For this reason, all of the data in the transcripts were coded in the first phase of coding. There was ongoing communication with my supervisor throughout the whole project. Following the coding process I invited my supervisor to check my data analysis and no modifications were required. The concept of *dependability* in qualitative research is proposed by Lincoln and Guba when referring to *reliability* for a quantitative study, and they propose a system of “internal auditing” (1985, 317), which is more realistic rather than getting researchers to repeat whole studies. This “audit trail” (Seale, 1999, 141) may allow reviewers to examine the procedures which were used and also to check for clarity and consistency. As outlined earlier, in this study the consistency or *audit trail* can be verified by viewing each phase of analysis, from generating initial codes through searching for themes, reviewing themes and defining and naming themes. With each phase the consistency and the credibility of the findings was strengthened through the process of checking and re-checking the data. Tracking my analytical process with memos helped to increase the transparency and reliability of my findings. See Appendix 13 for an example of analytical memos.

By recording memos during the process I could easily demonstrate the evolution of a theory or quickly call up data that supported interviewee questions. The creation of annotations allowed me to integrate soft data such as field notes, observations, coding assumptions, thoughts and ideas with the primary data. This process supports the findings and also adds strength, trustworthiness and credibility to the project. The use of coding stripes in Nvivo allowed me to view where else in the data particular text was used. See Appendix 14 which gives an example of annotations and coding stripes in detailed view screen.

Playing back the audio recordings while, at the same time, coding from the transcripts, ensured that the tone and nuances of the language were included in the analysis. Hearing the emotions in the voices of the interviewees allowed me to be close to the data. Appendix 15 demonstrates an example of coding straight from the audio. The process gave me assurance that I was doing justice to the study and honouring what the interviewees were saying in the course of the *telling of their stories.* Appendix 16 is an example of themes coded directly from the process of listening to the interviews while reading through the transcripts.

### 3.9 Summary

Detailed in this methodology chapter was the research proposal about social interaction and school engagement of ICA children in middle childhood. The purpose of the study was outlined. Consideration was given to all aspects of methodology including the philosophical underpinnings, research approach and research methods. Ethical issues were outlined in detail, highlighting, in particular, informed consent, access, sampling strategy and safe storage of confidential information. Following on from this, the pilot study was discussed. The process of conducting the interviews was then offered, while also drawing on suggestions from the wider literature. The chosen approach for analysing the data was defined, and the hybrid process of induction and deduction, in line with thematic analysis of this qualitative study were explained. Each phase of the thematic analysis was outlined in detail. The emerging themes were organised in line with the levels of deprivation categorised by Gunnar (2001) as outlined above, and in the order of the research questions. Finally, the chapter concluded with a discussion on the reliability and validity of this project. The single case study design provided rich evidence on the topic under discussion. While this chapter addressed the

methodology associated with the collection of data, the next chapter outlines the findings in the generated data and discusses the findings in relation to the research questions and in relation to the broader literature.

# CHAPTER 4: FINDINGS AND DISCUSSION

## 4.1 Introduction

This chapter presents findings and discussion of data collected from 20 participants: 10 adoptive parents of intercountry adopted (ICA) children and each of the adopted children's teachers. This study explored ICA children's social interaction and school engagement in Ireland following on from their experiences living in an overseas institution pre-adoption. This chapter sets out to systematically explore these issues through the following questions:

1. How do post-institutionalised ICA children socially interact and engage in school?
2. How does teachers' knowledge of the effects of early deprivation influence their perceptions of ICA children's behaviour or shape how they support the children in the classroom?
3. What are the key areas in which teachers, adoptive parents and other professionals might focus, in order to support ICA children's social interaction and school engagement?

This chapter is structured around the themes that emerged from the data and which for clarity, is organised in the order of the research questions. Therefore, following the introduction, the early section of this chapter, in response to the first question, provides insights into the early life of each ICA child while linking it to their social interaction and engagement in school. As indicated in Chapter 2, the risk of challenges with social interaction and engagement in school may be increased where there is a history of adversity in early life. While levels of adversity are difficult to measure, institutional environments fall short of that required for normal childhood development (Pollak et al., 2010). In response to the second research question the chapter progresses to outline the levels of awareness of the impact of early adversity and how this influences the support strategies for the ICA children. The next section of this chapter provides answers to the third question and identifies strategies on which adoptive parents and professionals may implement in order to support ICA children.

In order to protect the identity of the participants, adoptive parents were assigned the letter P; the letter T was assigned to teachers; the letter M signifies male gender and the letter F signifies female gender. Pseudonyms were used for the ICA children but for ease of understanding the origins and the subjects of quotes, the children were also randomly assigned numbers from 1-10. For example, P1F signifies female adoptive parent of Jimmy.

The children were adopted from a number of different sending countries: four children were born in Russia; two in Africa; two in Kazakhstan and two in Ukraine. Age range at adoption varied between 3.75 months and 35 months and children ranged in age from 8 – 12 at the time of the study, but to protect anonymity exact age of each child is not included. The profile of the children is illustrated in Table 4. 1.

Table 4. 1 Profile of Children in the Study n=10

| Case Profiles | Adoptive Parent Interviewed | Assigned Number | Age at Adoption | Country of Origin | *Average/Mean Age of Child in Years |
|---|---|---|---|---|---|
| *Jimmy* | *Mother* | *1* | *35 Months* | *Ukraine* | *10* |
| *William* | *Mother* | *2* | *14.5 Months* | *Ukraine* | *10* |
| *Jake* | *Father* | *3* | *18 Months* | *Russia* | *10* |
| *Tom* | *Mother* | *4* | *23 Months* | *Russia* | *10* |
| *Niall* | *Mother* | *5* | *21 Months* | *Kazakhstan* | *10* |
| *Marie* | *Mother* | *6* | *3.75 Months* | *Ethiopia* | *10* |
| *Ben* | *Father* | *7* | *23 Months* | *Russia* | *10* |
| *Robert* | *Father* | *8* | *26 Months* | *Russia* | *10* |
| *Michael* | *Mother* | *9* | *15 Months* | *Kazakhstan* | *10* |
| *John* | *Mother* | *10* | *8 Months* | *Ethiopia* | *10* |

Note* average and mean age used to protect anonymity

As previously outlined, all of the ICA children, who are the subjects of this inquiry, were adopted into Ireland from institutions in their countries of origin.

## 4.2 Linking the early life of ICA children with later development

In order to address the first question in this study about how ICA children socially interact and engage in school, it is necessary to first provide insights into the early

life of each ICA child, while linking it to their social interaction and engagement in school. However, although knowledge of individual ICA children's early history is relevant, the majority of parents commented that the background information on their child, which they received from the institutions from which they adopted him/her, was absent or may have been unreliable.

> *…actually there is very little story which is very sad.* P6F

Many adoptive parents were upset by this.

### 4.2.1 Circumstances regarding being relinquished for adoption

The majority of parents highlighted *abandonment* as one reason why little or no information was available. Mother of William explained:

> *When he was born she (birth mother) left him in the hospital after birth. She had him and just left him there.* P2F

This view was echoed by an adoptive father:

> *His birth mother went into hospital a day or two before he was born, and she stayed with him for about 24 hours after he was born, and then left the hospital. That was the last contact from her… She left without permission, and she gave a false name and address.* P3M

Comparisons with findings of other studies confirm that information on pre-adoption history is scant, or is frequently missing (Roy et al., 2000; Greene et al., 2007; Dalen and Rygvold, 2006). This was confirmed by a majority of participants in this study:

> *It's part of what you're dealing with in Africa, because of the abandonment. There is no story.* P6F

One teacher believed that a child's awareness of being abandoned has to have some impact on him:

> *He tells us he was abandoned at birth. So …That's obviously going to, ya … have a little bit of an influence on him…* T3F

This assumption is in accord with previous research which supports the view that institutionalised children, whose parents were alive but had abandoned them, were more prone to internalising behaviour problems than children whose parents were unknown or dead (Yi et al., 2001b). If feelings associated with abandonment

adversely affect a child's emotional state, then the timing of imparting such information to a young child while using the word *abandonment,* may need to be explored further. However, being able to discuss openly about adoption tends to make the child feel more connected to his/her adopted family, and is associated with better self-esteem than when adoption is not openly discussed (Beckett et al., 2008).

### 4.2.2 Biological factors and birth factors influencing outcomes

While some parents were perturbed that their adopted child would not have the opportunity in the future to get to know, or trace, the identity of his/her birth family, another area of concern was the lack of any family medical history, as Tom's mother outlined:

> *We had no history of medical check-ups from (birth) mother's point of view during pregnancy. He did not suffer from any major illnesses. They told us that he had delayed psychomotor and speech delay. But they seemed to have this on all the children's medical reports.* P4F

Lack of information or incomplete records of birth family medical history can also delay the process of post-institutionalised children receiving an accurate diagnosis and appropriate treatment following adoption (Groze and Ileana, 1996).
If little is known about a child's medical history then there may also be very little information about a child's pre-natal history, genetic inheritance, the birth process, or the condition of the child at birth, particularly where a child is abandoned. Lack of biological family information is also particularly relevant in light of investigations by Shonkoff et al. (2012) illustrating how early adversity and environmental conditions can leave an indelible mark on the genetic predispositions that influence the developing brain connections.

Although admission of alcohol or substance abuse was not written on any of the medical reports given to the adoptive parents, there were suggestions, by some staff in the institutions to a number of the adoptive parents of children who were born in countries of the former Soviet Union, that alcohol and/or drugs may have been used by mothers during pregnancy. Alcohol use during pregnancy may lead to medical conditions such as foetal alcohol syndrome (FAS) or other developmental delays (Johnson and Dole, 1999). For this reason, as already

explained, children with a diagnosis of FAS were excluded from the current study, as any existing issues or challenges found to be present could be exacerbated by, or more associated with, FAS rather than with early adversity.

Although Jake did not have a diagnosis of FAS, his father believed that alcohol may have been a factor for his son in utero.

> *He came from a very poor background and I think there was alcohol involved. …His mother definitely had some medical issues. From what I can gather, it had to do with alcohol and/or drugs.* P3M

Circumstances surrounding admission to institutions were reported to be unknown, or known with any degree of certainty, in all of the cases in this study. However, as previously stated, eight out of the ten children in the study were born in states of the former Soviet Union, where 40-45% of children in orphanages were removed from their families because of alcohol abuse, drug abuse or neglect (Sloutsky, 1997), but such actions may have changed in the intervening twenty years.

Children from Eastern Europe were considered to have been exposed to higher levels of tobacco and alcohol, compared to adopted children from other countries (Welsh et al., 2007), and findings suggest that children from Eastern Europe tended to present with more challenges in interpersonal relationships compared to countries such as Africa, Asia and Latin America (Barcons et al., 2011). Such findings imply that teratogens in pregnancy might have more of an influence on ICA children's relationship building rather than their country of origin.

Poor nutrition in pregnancy, substance abuse during pregnancy, prematurity and maternal age are all recognised as possible factors influencing children's developmental outcomes post IC adoption and, either singularly or a combination of such factors, have also been identified as impacting on children's development (Winkler, 2007). Although very little reliable pre-adoption information was reported to the adoptive parents, the majority of them were provided with information about their child's weight when admitted to the institution or birth weight if the child was born in hospital. Five children were reported to have been born prematurely and four of those were also reported to be small for dates at birth. Exact gestation and weight were reported by some parents:

*He was 1.5 kg when he was born. He was a 29 week baby (premature).* P2F

*He was born at 33-34 weeks. He was premature and his birth weight was 1820 grams.* P8M

This finding is in line with many studies highlighting prematurity and low birth weight as being a common feature associated with children from ICA (Federici, 1998; Rutter et al., 1998; Johnson, 2000). Similarly, and of particular relevance to the current study, is that many PI ICA children from Russia were reported to be born prematurely and were also of low birth weight (below 2500 grams). Despite findings by Barker (1998), which suggested that poor nutrition in pregnancy could permanently alter the physiology in a child's developing brain, many studies suggested that low birth weight appeared to be unrelated to later outcomes for ICA children in some areas (Kreppner et al., 2001; Miller, 2009; Loman et al., 2013; Pollak et al., 2010). Of relevance to the current study is that social skills was one area in which no obvious association was found between premature birth or low birth weight in a group of young adolescents (Julian and McCall, 2016).

However, according to the literature, social skills and other areas of child development may be influenced by conditions associated with institutional living. For this reason, each of the adoptive parents was asked to outline what they remembered about the institutions from which they adopted their children.

### 4.3 Pre-adoption conditions and associations with current behaviour

Based on the notion that an institution is not an ideal environment for a baby to grow up in (MacLean, 2003; Behen et al., 2008; Pollak et al., 2010), children who are reared in institutions in early life may experience inadequate social-emotional care, which may result in poor social skills later in childhood and adolescence (Julian and McCall, 2016). The children in the current study were all adopted from different institutions. Interestingly, the majority of parents gave quite similar accounts of the pre-adoption institutional living conditions which their children had experienced. All of the parents travelled to the institutions pre-adoption and, in all except three cases, the adoption of a particular child had been pre-determined. In response to a question relating to how well they got to know their child prior to adoption, all adoptive parents stated that they were allowed to spend time in the

institution, varying from days to weeks, getting to know the child prior to adopting him/her. One father explained:

> *We had met him three times over the previous few days and we had spent a good few hours with him. So he was used to us, probably as much as he had spent with any adult.* P3M

The time spent with the child in the institution prior to adopting him/her was reported by many parents as being helpful in bonding with the child, as one mother explained*:*

> *Yes, twice a day for five weeks (visiting him in the institution). In the beginning he would have been in with about fifteen or twenty kids his own age and in the beginning they would bring him out.* P5M

The experience of P5M is in contrast to a minority of parents who had a very short time with their child prior to adopting him, as another mother reported:

> *So all he saw us was for that first day and then that 10 minutes the second day.* P2F

The discussion below highlights some of the adoptive parents' observations while visiting the institutions.

### 4.3.1 Children's nutrition and physical care in the institutions

Many adoptive parents pointed out that they were only allowed access to certain rooms while they visited the institutions during the process of adoption, as an adoptive father explained:

> *The staff were very friendly to us. The woman running the orphanage was a very nice person. I don't know what they were like with the kids. But we saw nothing. But they did not show us everything.* P3M

The majority of parents remarked that the institutions did the best they could under difficult circumstances:

> *I just thought the baby home, for what they had… it was very poor…it was clean, the children were well fed.* P1F

Despite being underweight at time of adoption, most of the adoptive parents reported that the children appeared to be physically well cared for from the point of view of food and clothing, as some parents explained:

> *I could see where nutritionally, the food was quite good, they were given stews and apple, biscuit things after dinner.* P9M

> *Most orphanages were very poor, but you could see that the children were well looked after, physically.* P2F

One mother explained how the staff made a special effort to ensure the children got nourishment:

> *Jimmy never had meat before he came here. Just dairy… cheese. They (carers) used to pick the rose petals off the bushes because there is nutrients in roses and make rose jelly and rose tea.* P1F

Such a finding may be unusual as a description such as this does not appear to be in the literature. Findings in relation to the institutional environment need to be interpreted with some caution, as they are based on reports by parents, many of whom stated that access to areas of the institution was restricted and they were confined to a particular room when visiting their child. Findings in the literature support the assertion that restriction to one or two rooms was the norm for visitors to the institutions and even in some cases the policy was to carry out transactions in a hotel room away from the institution (Greene et al., 2007).

Despite positive reports in the current study that the children's physical and nutritional needs appeared to have been met, eight out of ten parents commented that their children were underweight at the time of adoption. Some mothers compared the age of their child to the age appropriate size of clothing which fitted them at time of adoption:

> *Well he was eight months…He was tiny. I brought him home in clothes for 0-3 months, and they were not tight (on him).* P10F

> *He was 14 months and we knew he was tiny so we had brought clothes for 6 – 9 months old. They were swimming on him. He was in 3 – 6 months (size clothes) for the first while when he came home.* P2F

Despite reports of low weight at time of adoption, the majority of adoptive parents reported massive gains in height and weight following adoption, but a minority reported residual growth issues:

> *We got him quite stunted, stunted would be the wrong word for it. But, you know, he was small? Yeah, stunted really would be the best, but when we got him then, he really shot up (following adoption).* P5F

> *He is ten now and is about the size of about six or seven clothes at the moment.* P2F

Comparison of the findings with those of other studies confirmed that following an improvement in environmental conditions, as generally happens post adoption, great strides were made in weight and height (Rutter et al., 1998). Rutter et al. (1998) also suggested that some late adoptees may have stunted growth. It is proposed that stunted growth may be a subtle indicator of the level of adversity experienced prior to adoption (Kertes et al., 2008).

Under-nourishment prior to adoption may not have lasting adverse effects on children's development, as the effects may be reversed by the drastic change brought about when moved to the improved nurturing environment of the adoptive families (Colombo et al., 1992). According to some reports in the literature, adverse psychosocial effects in children may result more from a lack of physical contact and emotional stimulation rather than from poor nutrition (Sonuga-Barke et al., 2008). Such a finding, combined with adoptive parents' reports of the availability of adequate food, implies that the underweight status of the majority of children in the current study may possibly be linked to reduced levels of interaction and emotional stimulation. Parents were asked about the level of stimulation available to their children in the institutions.

### 4.3.2 Material stimulation pre-adoption

A low level of stimulation and adverse pre-adoption living conditions affected children's later outcomes in many areas such as in social interaction and school engagement (Rutter et al., 1998; Johnson, 2000; Rutter and O'Connor, 2004; Nelson, 2007). While conditions in institutions between countries may vary, there appeared to be little variation between Romanian and Russian orphanages (Miller and Hendrie, 2000). However, conditions may have improved over time.

Nevertheless, reports from parents in the current study suggested that some aspects of living conditions in institutions had changed little.

While the majority of adoptive parents reported that although the ICA children appeared to be physically well cared for in the institutions, there was also something lacking:

> *Yes, they were dressed up in clothes that were not specifically for them… strange clothes. But they looked well and they were clean. They were well looked after from a physical point of view. Clean and fed but that was probably the limit of what happened for them I would imagine, you know.* P8M

> *Well… we were brought into a room that was obviously the visitors' room, the good room. It was a big room. There was a piano in it and stacks of toys down on the back shelf, you know. But I would say the children had not much time in that room, or they did not get to play with those toys, you know.* P7M

> *While it did seem to be well heated and it was clean, it was bare enough. The room we were in though was for visiting purposes …The only toys that were there, were what we brought. There really was not much else.* P4F

The observations made by parents corroborated with the ideas of MacLean (2003), who suggested that growing up in an institution may set the scene for a combination of different types of deprivation, including material deprivation. There were very few toys or learning materials for the children to play with. Even where toys and learning equipment were available, they were put away on shelves, as carers were more concerned with having things orderly than used for child stimulation (Tirella et al., 2008). The reported lack of stimulation in this study echoed aspects of reports from Romanian institutions many years ago, where children were confined to cots and fed through propped up bottles (Rutter et al., 1998; Nelson, 2007). Observations by some parents reflected similar conditions:

> *In the orphanage there was no space for them to crawl. They were confined to their cots.* P2F

> …. *and she had a bottle propped up on something for her.* P9F

Those reports suggested a low level of stimulation from caregivers.

### 4.3.3 Level of interaction between caregivers and children

The one area of deprivation and neglect, highlighted by all adoptive parents in the current study, was the high ratio of children to caregivers in the institutions and the low level of interaction between caregivers and children, which they outlined as follows:

> *I suppose the impressions of the orphanage really is that they were all really nice people, but there wasn't enough of the carers….but I remember in his room there were 11 beds and there just was not enough people to give them one-on-one care, or enough stimulation.* P8M

> *Numbers wise, I doubt if they had much time to deal with them on a one-to-one basis or anything like that.* P3M

Those observations were in agreement with those of the St. Petersburg – USA Orphanage Research Team (2005 and 2008), which found that particular institutions in Russia were generally adequate in terms of nutrition, medical care, cleanliness and equipment, but there was inadequate interaction between caregivers and children.

The level of deprivation described by the majority of adoptive parents in this study was in line with level two in the categories of deprivation described by Gunnar (2001): where children's physical needs were met; there was a lack of stimulation with no opportunity for the children to engage with their environment and they were deprived of consistent and supportive interaction with caregiving and relationship needs. Consistent with Gunnar's (2001) level two in her categories of deprivation, parents reported that the majority of ICA children in the current study lacked the opportunity to develop significant attachment relationships while living in the institutions. Some parents had researched and were continuing to explore the specific effects that reduced child-caregiver interaction may have had on their children:

> *My belief is, from what I am reading and researching, that the first year of their lives impacts on them, from the point of view of nurture and that. They got no attention or stimulation, and that has to affect them.* P2F

Many parents were conscious that the high ratio of children to caregivers, along with reduced levels of stimulation and human interaction, had a long-term effect on their adopted children.

### 4.4 Possible effects resulting from reduced level of stimulation

Marie's mother noticed the low level of interaction between caregivers and children, when she first met Marie at eleven weeks old in her institution:

> *…and she let go of the bottle and then she started crying for the bottle. So there was nobody else around, so I didn't have a choice but to give her the bottle…* P6F

In terms of the impact that a lack of interaction may have on a child, it is proposed that a child may become frightened when his/her primary caregiver is not available or is not responding to his/her needs, and this may lead to insecurity later in life and interfere with the capacity to build relationships (Bowlby, 1997). Insecure children may display a disorganised attachment pattern when they are older, and this may result in antisocial behaviour (Kochanska et al., 2009).

The fact that caregivers appeared to change frequently was suggested by many parents as another possible reason for the reduced level of stimulation:

> *I think there were about 18 children to two carers – so it wasn't too bad I suppose. But the carers changed so often. So I think Michael had about 14 different carers throughout the week coming in and out. …but there was no interaction between carers and the children.* P9F

These findings reflect those found at some institutions in St. Petersburg, where, for example, babies may have had contact with between 216 and 282 caregivers per month (St. Petersburg-USA Orphanage Research Team, 2008). Specifically, institutions tended to be characterized by many and changing caregivers who provided insensitive and unresponsive care which in turn may have an impact on the child's ability to develop a secure attachment and later positive social interaction. The following was observed by Tom's mother in a Russian institution, as she waited for his adoption to be processed:

> *There did not seem to be any carer that seemed to be looking after them individually… doing it to a routine, that kind of thing…We went outside one time and they were holding on to a bar, as if they were trained to do that, like they were trained into marching, like they were regimented.* P4F

Similarly, in a former Soviet Union group of institutions, caregivers were observed to go about their daily duties in a routine manner with very little social interaction

and showing very little emotion. The caregivers tended to be expressionless most of the time, with minimal talking, even while changing, bathing or feeding the children (St. Petersburg - USA Orphanage Research Team, 2005). The caregivers' behaviour may in part be explained by the fact that the children usually lived in same-age groups, so it was difficult for a caregiver to devote one-on-one attention to a particular child. Previous studies also reported that care in Russian institutions may not have been in line with a child's particular needs (Julian and Mc Call, 2016). Such findings are in accord with those in this current study, where the majority of parents reported group rather than individual care, as one father explained:

> *I remember they were all put on toilets in a row at the same time. That's how regimented they were. They were quite lifeless …a lot of the kids. I honestly think they had not much one-on-one time.* P2M

This suggested that individual care and attention were not available in order to support each child's needs or to provide comfort for them if distressed. Atypically, in one instance, the mother of Jimmy, who at 35 months was the oldest age at adoption in this study, described how Jimmy's institution had a policy of each carer having one child in particular that she was responsible for:

> *We went in every day to visit him and got to know the home very well. Each carer had a special child so one day, we hadn't seen this lady before and she came down, and it was like God coming down to him - he went absolutely mental for her.* P1F

Interestingly, while Jimmy does have some challenges and, although he had spent the longest time in institutional care compared to the other children in the current study, he was of normal weight at adoption and did not have the academic challenges of some of the other adoptees. When a primary caregiver was assigned to each child, as part of an early intervention programme in an orphanage in St. Petersburg, the children's social relationships improved and children improved physically, developmentally and emotionally, compared to a group of children who had general rather than specific caregivers (Muhamedrahimov et al., 2004, 497). This evidence may explain Jimmy's healthy physical condition at adoption, where he was reported to have a particular person who cared for him in the institution and to whom he had formed an attachment.

The quality of caregiving in institutions appears to affect the attachment patterns of children. The more responsive and sensitive the caregivers, the higher the chances of the child having an organised attachment pattern (Zeanah et al., 2005). In contrast to the findings of Zeanah et al., Jimmy was diagnosed with a Reactive Attachment pattern following adoption, despite his having developed an attachment to an individual caregiver in the institution. However, Jimmy's particular case may not be typical of other ICA children.

### 4.4.1 Linking early attachment pattern to current behaviour

As already stated, the majority of adoptive parents had the opportunity to start to build a rapport with their children prior to adopting him/her. One adoptive mother of an African baby explained that when she and her partner originally met their adopted son he appeared to have already developed a level of expectation of care:

> *He was in a room and he was lying on a mat with about 8 to 10 other young babies around his age…She (institution's director) said "go into this room here and I will go and get some babies". I looked down and his hands were up as in a 'pick me up' sign, so I asked the carer that was beside him if I could take this baby up and pick him up, so I did and he put his head here (touching under her chin).* P10M

The raised hands of the 8 month old baby, explained by his mother as the *pick me up sign*, suggested that the baby had developed an expectation of particular attention from his caregivers, referred to by some researchers as a child's *internal working model*, (Bowlby, 1982; Bretherton and Munholland, 1999). When attention-seeking signals are met with appropriate responses from caregivers, children's internal working model indicates a world that is safe and reliable. In contrast, when children's needs are not met, or responses are insensitive, they may view the world as being unpredictable (Bowlby, 1982). Children's internal working models were thought to influence later social interaction and new relationships (Bowlby, 1982).

Another mother smiled and became emotional as she vividly recalled when she and her partner adopted 21 month old Niall:

> *After about the second week he was sticking his little head out, you know waiting for us to come. And by the end, by the third week, he was actually coming out to meet us. It was lovely, bonding, you know.* P5F

While this behaviour was reassuring for the adoptive parents, it may reflect Niall's attachment pattern and behaviour associated with disorders that might stem from lack of opportunities to form selective attachments as infants. Children who have no wariness towards strangers and who relish attention from anyone, may readily wander off with strangers and have no social boundaries (Chisholm, 1998; Zeanah and Gleason, 2015).

Interestingly, Niall's teacher described his current behaviour as:

> *He has huge potential for a lot of problems. Just behaviour really. Just his body language and how he reacts around, more so, grown-ups, his relationship with teachers.* T5F

This concurs with a previous Irish study, which found that indiscriminate friendliness was the most common attachment related behaviour pattern present at time of adoption in over half of the children surveyed, out of a randomly selected cohort of 180 ICA children (Greene et al., 2007). Interestingly, over one third (with a mean age of 6.4 years at the time of their study) continued to have indiscriminate friendliness (Greene et al., 2007). Similarly, in this study, indiscriminate friendliness was an issue for some children in the early period post-adoption, as Ben's father explained:

> *He was hard to manage. You had to watch him constantly as he had no wariness of any strangers.* P7M

However, an indiscriminate attachment pattern was not flagged by any of the adoptive parents in the current study as being an ongoing problem, contrary to the study of Greene et al. (2007) but, as mentioned earlier, the average age of ICA children in their study was younger than in the current study.

In a minority of cases there was very little time for the child and his/her adoptive families to become acquainted prior to adoption, as the adoptive father of Ben, from Russia, described:

> *It all happened quickly, much quicker than I expected. We were brought into a room and then he was brought in. We had met him three times over the previous few days, and we had spent a good few hours with him.* P3M

While conditions in the institutions were not ideal, the children living there were familiar with their surroundings. Therefore, moving children from what they knew may have been stressful for them under any circumstances and further heightened in situations when the people adopting them were strangers to them. Some children had formed an attachment in the institutions and were upset when leaving. Jimmy's mother had vivid memories of the day she and her partner adopted him:

> *He was very upset leaving the orphanage, and leaving in the car…he was very upset. It was his whole world you know! He was crying, he was very upset that day. The only thing he knew was that baby home. They (caregivers for the baby) were all crying and out saying goodbye.* P1F

Clearly, Jimmy had formed attachments in the institution. It is proposed that children's experiences of loss and separation may negatively impact on the development of healthy relationships in later life (Bowlby, 1982). ICA children initially suffer the loss of their birth family and then the loss of their caregivers and their environment in the institutions, prior to having to make further adjustments in their adoptive homes.

Some children did not show any emotion when leaving the institution and some parents believed that fear may have been a factor for many of the children, as the mother of 15 month old Michael commented:

> *But looking back obviously, he was terrified. He had never been outside the orphanage, different environment in the hotel, different sounds, we're speaking English – he'd never heard it before. …We visited him every morning and afternoon but they still hear the Russian voices around them. Now, it was one-on-one with us. He must have been terrified. Different bed, everything. …The flight home he was fine, in fact he was very aloof and distant… Of course he hadn't attached to us. If he had attached, he would have cried like a home-grown baby, let's say. There was signs when he was very aloof.* P9F

This aloofness referred to by Michael's mother may be that Michael did not have the capacity to develop any kind of an attachment: Rutter et al. (2004)

demonstrated that some ICA children who were adopted when they were older than six months, not only had they not developed an insecure attachment pattern but they did not display any kind of selective attachment to anybody. A tendency to withdraw from situations may also be related to a condition called *quasi-autism*, as was described for 1 in 10 Romanian PI adoptees who were exposed to severe deprivation in institutions (Rutter et al., 2007). Children who were diagnosed with *quasi-autism* had traits which fit the criteria for a diagnosis of standard autism but were atypical in some respects, including the tendency for the autistic-type behaviours to lessen over time (Rutter et al., 1999). A disinhibited attachment pattern and poor peer relationships were observed in over half of the children who had displayed features of quasi-autism (Rutter et al., 2007). Interestingly, Michael, although not born in Romania, had poor peer relationships and was initially diagnosed as having *quasi-autism.*

Research by Clarke et al. (2002) suggested that behavioural symptoms, evident in a group of children who were diagnosed with ADHD, resembled symptoms associated with attachment insecurity of the anxious ambivalent or a disorganised attachment type. Interestingly, in the current study, many parents described attention problems, while some children had a diagnosis of *Attention Deficit Hyperactivity Disorder* (ADHD):

> *And they (speech therapists) were great. And they were the ones really that flagged the ADHD in the end…* P1F

> *He was assessed for the early needs assessment and a diagnosis of ADHD was secured.* P4F

However, Kreppner advised against deducing a diagnosis of ADHD in PI children who display a short attention span and overactivity, as symptoms may be related to what she described as an "institutional deprivation syndrome" (2001, 523). Concurring with the views of Kreppner (2001), Niall's teacher appeared to recognise differences in his behaviour compared to signs and symptoms she assumed to be associated with *true* ADHD.

> *I've had an experience of a child who was hyper-active… ADHD. And Niall wouldn't really come under that, again, at that level. I don't really know what levels they start at, you know, your range of hyperactivity and where that fits, but yes, he is energetic. Full of energy, just buzzing the whole time.*

*And again, he struggles and he has all this energy and it must be 'what can I do with this energy'….* T5F

Findings in this study reflect those of previous research which suggested that inattention/overactivity (I/O) was a factor for many ICA children (Kreppner et al., 2001; Wiik et al., 2011).

### 4.4.2 Behaviours related to inattention/overactivity

While adoptive parents did not use the terms *inattention/overactivity* they all described challenging behaviours by their children in the first few years following adoption:

*He was hard to manage…. You had to watch him constantly as he had no awareness of any danger.* P4F

*But he was acting up for a long, long time. He had no sense of danger at all or safety. He could run across in front of a car.* P2F

*From once he got up in the morning until he went to bed at night it was constant hyperactivity. It was crazy behaviour. Someone said he was overstimulated. He never stood still.* P7M

The majority of children in the current study were reported to have improved hugely in most areas with the passage of time in their adoptive homes, as was expected based on literature reports in studies such as Rutter et al. (2001 and 2007) and Van Ijzendoorn and Juffer (2005).

*But it's been a long road. But he's definitely more secure in himself than he was, let's put it that way.* P1F

*He continues to improve. He has better co-ordination than any of the three of them (his brothers). Although he can be volatile at times. He is really cautious and sensible now.* P7M

However, for some children in the current study, challenges persisted in areas related to I/O, while difficulties with concentration and areas related to organising and planning persisted for all ten ICA children:

*To actually physically sit on that chair (in school), I'd say….I'd say it's a challenge for him a lot of the time. He's very active, very energetic, even on yard. I know children are anyway, but he's just constantly going.* T5F

> *He is quite mature in a lot of ways but just lacks the concentration and organisational skills that a person will need as they get older.* P8M

> *But his desk is in an awful mess. The others tidy it up for him. He constantly leaves stuff behind him. Very scattered.* T3F

Reported findings with the small group of ICA in this study reflect those in the literature which suggested that I/O may be associated with a type of "experience-expectant programming or biological damage" (Rutter and O'Connor et al., 2004, 92) related to early deprivation which many ICA children were exposed to in the institutions.

While there were so many pleasant memories by many parents of the early stages following adoption, some found it difficult to get the child to engage with them.

> *He was very…happy, a happy, happy baby…constantly smiling. He had a lot of tantrums. You could see frustration. He hadn't the words to say what he wanted to say, so he would get so frustrated…and he cried a lot. I found it very difficult to play with him, to get him to play with me, to interact with me.* P10F

This suggested that communication between adoptive parent and child may have initially been difficult and possibly stressful for both child and adult.

### 4.5 Early communication issues

The majority of parents cited language as being a challenge for them and their ICA children in the early months post adoption. While language is an important social engagement instrument, the majority of adoptive parents did not cite language as being a major barrier to communication between them and their children at home, as other means of communication were successfully used by many adoptive parents: Michael's mother explains how she managed to communicate with her newly-adopted son.

> *But we did not have any problem communicating with him. He was not speaking at all. We had been concerned that he may not speak, because he was 25 months and he was not talking. He would point to things. We did not have any trouble communicating with him really*. *But he seemed to pick up speech very quickly.* P9F

However, communication with peers was more difficult for Michael in school:

*He has major difficulty socially engaging with his peers* P9F

For the majority of adoptive parents in the current study, language challenges for their ICA children became more evident when they went to school.

### 4.5.1 Ongoing issues with language

ICA children are exposed to an abrupt change from the language of their birth country to the new language of their adoptive families (Glennen, 2002) and, in contrast to other developmental milestones, they have to stop and restart their language development (Glennen and Masters, 2002). This disruption is thought to impact on language development of the child and may explain some of the difficulties highlighted by the majority of parents in the current study. The mother of an African boy, adopted when he was eight months old, explained why her child was getting upset at school:

> *He used to get frustrated when he could not say what he wanted to say. So, we applied for a speech and language assessment to be done on him, which showed he had a problem with language.* P10F

Ben's father remarked how a difficulty with communication initially affected his 23 month old son who was adopted from Russia:

> *It was very hard to hold his attention. He had no language. He had a very short attention span.* P7M

When verbal communication with peers was an issue for Ben in school, his parents brought him for a speech and language assessment at age 10 and he was diagnosed as having a severe language disorder. Extracts from his speech and language assessment report states that:

> *…. is presenting with a moderate to severe language deficit. He has Specific Language Impairment, with receptive language skills (comprehension) at -2 SD below the norm for his age and estimated ability. (*Speech and Language Therapist's report, 2016)

Ongoing language challenges for many ICA children are consistent with research by Beverley et al. (2008) who found that communication disorder was the most common label attributed to 62% of a cohort of 55 ICA children from the former Soviet Union.

Although speech was initially a problem for Jake, his father said that it did not take him long to learn English:

> *The only problem was the language obviously. At that age… and over the next six months he was picking up the language. He picked it up very quickly.* P3M

Nevertheless, and in contrast to this, Jake's teacher suggested that, based on his difficulty following instructions in school, he may have difficulty with receptive language although he has never been assessed for this:

> *I would have to repeat instructions. Maybe (I could give him) two but you would have to repeat them. I would repeat it anyway for the age group. I would have to do it an extra time for him. Just to be sure he has it.* T3F

Findings drawn from the current study mirror those highlighted in previous research, where receptive language continued to be a challenge in a cohort of PI ICA children from different sending countries (Desmarais et al., 2012).

In contrast, Tom's mother explained how her son appeared to pick up language very quickly:

> *It's surprising how quick he caught on when you think he had no English…., and I am not sure how good his understanding of Russian was before he left. …But he picked up and managed to understand and make himself understood very fast.* P4F

However, despite him being able to understand English and make himself understood early on, at about the age of four Tom's parents took him for speech and language therapy because they believed that he needed support:

> *…he was maybe saying words rather than making sentences, so we would have got a referral to speech therapy early on.* P4F

Tom's mother explained how his persisting difficulty in language impacted on his social interaction in situations such as school:

> *Now, I would say he could be a bit frustrating at times for the other children. He could come out with inappropriate comments that really don't make sense.* P4F

This was also evident in the classroom, as Tom's teacher reported:

> *Sometimes, if you use any sort of complicated English he wouldn't get it either, he wouldn't have a clue what you're talking about, if you were speaking any kind of higher order English he wouldn't get it either for that matter, it's low order comprehension with him.* T4F

Another teacher had a similar finding:

> *He appears to be listening but then he appears not to have any idea of what you've been saying, so he appears not to have taken it in.* T8F

Those teachers' report concur with Dalen (2002) who proffered that ICA children appeared to have difficulty with what she referred to as *school language* compared to *day-to-day language.*

Tom's assessment by a Speech and Language Therapist, instigated by his parents at the age of 10, reported that:

> *Tom falls within the severe range of ability in receptive and expressive language.* (Speech and Language Therapist report, 2015).

Such findings are in line with those reported in the literature where, on a standardised language test, 89 of the 180 ICA children were functioning at a level below that expected for their chronological age (Greene et al., 2007).

Difficulty with language may impact on the child's ability to communicate and engage appropriately with peers and other people in school.

Evidence in the current study indicated discrepancies between some parents and teachers in recognising ongoing language challenges in a number of ICA children. The reason for this is not clear, but may be related to the children's difficulties coming to light when they are in school, where there may be additional demands for the use of more complex language. The majority of children had speech and language intervention post-adoption, and many, including William found this helpful, as his mother outlined:

> *Language could be an issue for him. I know when the speech and language therapist gave him one instruction, and they worked on sequencing, and gave us work to do at home, it improved that.* P2F

Findings suggest that, as well as early intervention, there may be an argument for a speech and language assessment on every ICA child, as they enter the school system and then follow this up with ongoing intervention and monitoring, if deemed necessary.

### 4.6 Social concerns in school and lack of team participation

A common area of concern expressed by both adoptive parents and teachers related to the ICA children's ability to socially interact and to behave appropriately with other people:

> *The most area I would have concerns is his social skills. That's the most area.* T3F

> *He is great with younger kids, and children his younger sister's age (she is age six), but not with his own age group socially. He finds it hard to…he has no friends really, of his own age. And socially unaware, that sort of way, of how to make a friend, or keep a friend.* P1F

Such findings match those observed by Tan (2006), who found social relations to be one of the areas most affected in a group of 115 ICA children from China. Tom's mother finds that he prefers to engage in solo sports:

> *He does karate and they break up into team work. He plays football in school, swimming. Really, there is not a huge amount of team sports with him. He is not that keen on football.* P4F

Avoidance of team sports was a common finding with eight out of ten children who either, completely avoided or, as in the case of two children, played inappropriately in team sports. One mother of a now 12 year-old boy reported why team playing was out of the question:

> *The sports, the team thing is just not a gig for him. He was in rugby and GAA (Football associated with the Gaelic Athletic Association, involving catching, kicking and tackling), but in the rugby he couldn't stand that…touching. And the same with the GAA and football (soccer), that team thing. But he's actually doing Kung-Fu at the moment and that's brilliant because he's on his own.* P1F

Some parents also cited the dislike of close physical contact as a reason for the avoidance of involvement in team sports, despite their children being good at kicking the football. For example, one mother explained:

> *And he just does not like sport. We have tried him in soccer. We have tried him in football and he just does not like the tackle. He is afraid of getting hit with the ball. And then he doesn't… he is good at kicking and good at scoring goals, but he won't be part of a team.* P10F

Another father stated that he was happy with his ICA child's social interaction with adults and children and cited another logical reason for his son's avoidance of team sports:

> *From the point of view of friends that he has, he seems to be very good socially. He might be a little bit silly with children sometimes. Regarding football he would have no problem being part of the team. He would be mixing with his team mates, but he is just not good at it. He has no interest whatsoever in sports.* P8M

William's teacher highlighted a lack of understanding of the rules as a possible reason why he did not enjoy team sports, even though he was good at some sports and was very sociable:

> *I think he is good at PE (Physical Education). He has got the speed. His difficulty is understanding the instruction for a particular game. We started athletics and I noticed that he is very fast. He enjoys it as well. He is a great social character. William will be well liked. He has that charm and gets on with people.* T2F

The reason for William's difficulty understanding the rules of the game may be related to his difficulty with language processing. Interestingly, William had a dual diagnosis of ADHD and a Receptive Language Disorder.

Some people, including a minority of teachers, offered evidence of improvement in ICA children's social interaction since starting school but they were reluctant to appropriately engage with their peers, as Michael's teacher outlined:

> *He started to (interact in the playground) recently. He used to just run around by himself. He loves playing tag, chasing. And he'll play with other kids like that. Or, if he's found something gross in the ground, he'll say come over and see this – like all boys his age. He's no different in that respect. But he wouldn't join in with someone else's game if they were doing something.* T9M

In contrast to Michael's teacher, Marie's teacher was concerned that Marie was possessive of her friends and her social interaction with her peers was

overbearing. She outlined why this was more of a concern than her reluctance to engage in team sports:

> *She enjoys running but not so much team sports. I know that she has had run-ins with a good few children in the class but she also has friends, but something that I am concerned about and I have raised with her mom, and her mom herself has raised it, is that Marie can be over consuming with her friends. She can be jealous then, when her friends don't want to be only with her. She can find that difficult. I think it's keeping the friendship that she struggles with, and with giving people that little bit of space.* T6F

Marie was adopted from Africa so the suggestion by Barcons et al. (2012) that ICA children from Africa (and Asia) had better interpersonal skills compared to those adopted from Eastern Europe was not supported in the current study. However, as there were just two children out of 10 in the current study born in Africa, no claims can be made in relation to this finding, or indeed any finding, as being representative of ICA children in Ireland.

While teachers' views were mostly consistent with parents' reports of the ICA children's efforts with making and retaining friends and also appropriate involvement in team sports, there were conflicting reports in a number of cases. One mother stated that her eight-year-old son, Niall, enjoyed team sports such as football:

> *Football he'd be into now. Tag or anything really. I think he's very good… he's a good little footballer, Oh, excellent… or so they tell me. I haven't seen it.* P5F

Interestingly Niall's teacher's perception of him in school was the opposite to that of his mother:

> *He loves tennis. Football-wise, no…, he's not in a team sport.* T5F

This may be because Niall was in a classroom of 32 children who were more skilful than he was at football or that he may have avoided participating in a large group, whereas he had no issues playing in a small group at home. There were other examples in the current data of variations between parents' and teachers' perceptions of the same child. Jake's father commented that:

> *…he is very sociable, although he is not without his issues. He had one good friend and he has other friends and he would go to their houses. He loves sport. All contact sports. Mainly football. He loves football and sports.* P3M

However, Jake's teacher saw his sports involvement from a different perspective and was concerned that the child's boisterous behaviour reduces his chances of forming friendships and engaging appropriately, with his peers in team sports:

> *The children are fond of him, in that he is a bit off. But as regards friendships, I cannot see him having a real friend. He will say things they would not even think of saying, and he will try anything. He is a chancer, a class clown …but I cannot see him having a friend, a real friend. (He is)…very strong and very forceful. He is in their face. He causes an awful lot of altercations. He is very good at football and he seems quite co-ordinated, except he is such a terrier. If he is playing football you know there is going to be an issue …he is forceful you know he is going to push them, shove them, hurt them, not intentionally. …Whatever group he is in, be it playing or working…working in a group situation. He seems to draw trouble on himself.* T3M

The reason for this boisterous behaviour may be because Jake was seeking some kind of sensory input, as evidenced by his father. His father explained that he was diagnosed as having difficulty with his sensory system:

> *All of his senses are unbalanced I would think. Even such things as putting on a jumper with a label on it sends him. It sends him into another planet at times. Food...it is difficult. He has a very bland diet still. …. He seeks out, you know…you could describe it really as bouncing off walls. He has got a lot of energy. He would go down there and he would do 20 press-ups. He is looking for something...sensory seeking. He loves sports, all contact sports. She (Occupational Therapist) said that he is classic of sensory integration problems.* P3M

While the reasons for Jake's behaviour appeared to be understood to some degree by his father, it may be interpreted by others as being associated with over-activity or hyperactivity.

### 4.7 Impacts of sensory seeking and sensory avoiding behaviours

Some parents were not prepared for the initial behaviours post adoption and found them to be quite disturbing. Jimmy's mother, explained how distressing she found the initial post-adoptive behaviours, and how some of those behaviours still persist:

> *The first night he came out (of the institution) he was turning on and off the switches and opening the fridge….But the first night ..., didn't he lock us all out of the bathroom, that first night. .. He has locked us out of several things, but anyway, the keys are a sign of authority and he wanted that. To relinquish the control for him is really a big thing you know? And he'll still be like that.* P1F

Some parents also reported how their children found it difficult to settle to sleep post adoption and compared this to current behaviours:

> *I'd say every night for about 2 years he woke up crying. In the end he used to wake up 3 or 4 times a night crying. That time if you even touched him, even the slightest touch he would wake up. Unconsciously, as I look back, I started kissing him every night when he was in bed and he got used to it. ...He is not as giddy or hyper as he used to be. He certainly has improved with age. It's hard to put a finger on it.* P2F

A small number of ICA children still have issues with sleep:

> *The only thing is he will not sleep in his own bed. He still needs us to be with him. I put him down in our bed. He still needs us to be near him.* P3M

This finding suggests a certain level of anxiety where the child found it difficult to relax enough to allow himself to sleep. Another child found his new post-adoption environment too noisy:

> *He would shut out things. He would put his hands over his ears and he would bend right over and block out the world.* P7M

Sound sensitivity was reported as being an ongoing issue for a minority of children in the current study compared to Greene's et al. (2007) study which reported that for two thirds of the sample of 180 ICA children sensitivity to sound persisted. However, the majority of children in the study of Greene et al. were younger than those in this study and sound sensitivity may be another area which improves over time.

Ben's father explained that, while his son's sensory-seeking behaviour was excessive when he was first adopted, this has settled somewhat over time:

> *He was such a risk taker, but that's nearly all gone now. He continues to improve. But he can be volatile at times.* P7F

Risk-taking behaviour may be a type of sensory-seeking behaviour, where a child has an underactive sensory system (Ayers, 1991), and this continued to be a challenge for some children in this study. John's teacher explained why he needed close supervision in school when socially interacting with his peers:

> *Unfortunately … he would still be involved in risk taking behaviour.* T10F

This finding suggests that, through risk taking, the child was trying to stimulate his own underperforming sensory system. Many of the children in this study were seeking sensory stimulation, possibly as a result of the sensory deprivation in the institutions. One mother explained how her son, adopted at 23 months from Russia, sought his sensory stimulation.

> *He would open the letterbox to feel the wind in his face. He was very sensory -seeking, and on a swing the higher you would push him the better. Even when he was eating or drinking, he would take a mouthful of drink and he would swish it around in his mouth for ages before he would swallow it. Again, kind of a sensory thing.* P4F

Those findings are consistent with reports by Cermak and Groza (1998) who found that adoptive parents reported both over-sensitive sensory systems with avoidance and also unusual sensory-seeking behaviours in their ICA children. Rocking and touch sensitivity were other sensory issues reported by some parents such as the mother of Jimmy adopted at 35 months and, although sensory issues have hugely reduced in intensity, traces have persisted in a minority of cases:

> *He rocked really violently that night (first night after being adopted). You know full body rocking. ...He couldn't take skin on skin contact. So he slept on cushions in the corner and rocked for the night and I wasn't expecting that. I found it very disturbing.* P1F

The father of a child adopted at 23 months reported that the rocking behaviour has lessened over time:

> *…..but he still rocks back and forth when reading.* P7M

In the current study touch sensitivity appears to be one of the most common sensory issues reported, with many children having more than one sensory related issue*:*

> *He is much better now about touch but I wouldn't say he is not 100% there yet either you know? If anyone comes at him from behind it's a big thing for him….And sometimes, the touch can be still too much for him. He thinks you're after slapping him when you're only after touching him.* P1F.

> *All of his senses are unbalanced I would think. Even such things as putting on a jumper with a label on it sends him. It sends him into another planet at times.* P3M

Findings in this study are in line with previous research which suggested that children who had a prolonged period of time in institutions prior to being adopted had more sensory processing disorders than those who were adopted early, and the longer the time spent in the institutions the more extreme were the sensitivities (Lin et al., 2005; Wilbarger et al., 2010). It may be reasonable to expect that particular sensitivities such as to sound and touch might interfere with social interaction and school engagement in general, although related research appears to be scant. However, a UK study found that eight year old domestic adoptees who had spent two years living in institutions displayed a range of issues related to peer interactions (Hodges and Tizard, 1989). Many adoptive parents in the current were conscious of not exposing their children to reminders of their early environments and reported how they tried to manage this and reduce stress for their children.

### 4.8 Stress and anxieties triggered by reminders of early life adversity

Some parents were conscious of not placing their children in an environment which might cause them stress or remind them of the institutions in which they had lived prior to adoption, as Ben's father explained:

> *He went into the crèche where his older brother was. It was a very nice place and we had looked at a few. We were fearful of putting him into a place, which was like an orphanage.* P7M

The mother of Jimmy, who started him in school two years after he was adopted, recognised that possible reminders of the institution had arisen for her son:

> *I actually think, because he went to school so soon after he came here, well it was two years ... Because, when he went back into the classroom, the classroom was quite like his little play room in the baby home, and it just reminded him. He was triggered by the setting of school. It started him off again.* P1F

Parents' concerns in this study about possible triggers for behaviour are valid, based on previous research, suggesting that a child who is born into a stress-filled environment may be programmed to over-react in a fight-or-flight manner, even when exposed to mild stressful challenges in later life (Teicher et al., 2003). However, there may not always be an awareness of the possibility of the classroom reminding children of the institutional environment. Nevertheless, Michael's teacher had noticed that he was overly sensitive to another child's humming in the classroom:

> *… he'll be sitting there facing the wall, and someone over there will start humming, even to themselves. And that will send him off.* T9M

Michael's teacher had studied psychology, so while he was aware of possible triggers for the ICA child in his classroom, other teachers may not be as aware that particular noises, smells, large confined groups or other factors may remind ICA children of their previous institutional environments and may act as triggers for aberrant behaviours.

The majority of adoptive parents referred to their children being anxious or on high alert and anxieties appeared to be more related to school rather than home:

> *We've been called into the school. They said that he's anxious or that he's out there, or trying things, pushing the boat out, you know.* P1F

Jake's father expressed the view that anticipating school tests increased his child's stress levels, and he also outlined some of his fears:

> *He worries hugely about tests. He has a lot of fears in his head. He is frightened about things ….* P3M

Jake's teacher echoed similar states related to Jake in the classroom:

> *His body can be so tense. If you were to touch him he would feel hard. He is tense a lot of the time.* T3F

In many cases, teachers referred to anxiety-related traits of the ICA children in their classrooms:

> *Homework was causing a lot of anxiety and issues at the start of the year.* T6F

> *When things are not under his control, that's when he can become anxious.* T9M

As explained in detail in Chapter 2, if a young child perceives his environment as threatening, then it does not take very much to trigger anxiety which may interfere with his ability to learn and to interact socially (US National Scientific Council on the Developing Child, 2010). States related to high alert or hypervigilance were described by the majority of teachers. Robert's teacher stated:

> *He would be keeping an eye on everything that is going on around the classroom.* T8F

And Michael's teacher reflected similar views:

> *He's always hyper-vigilant. I can be talking to another child, and I'll say something 'can you just take in that wee box there'. And he'll pipe up; 'you said 'wee' because that's your accent'. And he's not necessarily even looking for my attention in that moment, but he's always aware, on alert.* T9M

Conor's teacher aligned his behaviour with a difficulty *filtering*:

> *He would be hyper-vigilant, because he actually isn't good at filtering what's around him. He is always watching what's going on around him.* T4F

Ben's teacher identified a particular type of sensitivity associated with being on high alert:

> *...he is certainly hyper-visual as well, totally, very much what's going on around him affects him.* T7F

The *hyper-visual* behaviour was noticed and named by an occupational therapist who had observed Ben in his classroom as part of the assessment which contributed to his diagnosis of S*ensory Processing Disorder*.

Maria's teacher described how Maria's high-alert state interfered with her learning, but that this has improved:

> *There is an alertness, definitely there is an alertness in her, very much so. Absolutely, massively so. She was too busy being on high alert to learn anything. But she wouldn't have that same anxiety as before.* T6F

Many teachers in the current study described states of anxiety similar to what was described in the literature as being associated with *toxic stress*. When severe and prolonged stress and maltreatment existed in early life, a state of *toxic stress* may ensue, possibly resulting in changes in children's brain architecture affecting their later development (Teicher et al., 2003; Perry, 2009; Shonkoff et al., 2012).

Therefore, these brain changes are programmed to allow an individual to cope with high levels of stress through life, and, similar to reports in the current study, a child in this state is constantly on high alert (Teicher et al., 2003). This may imply that the PI ICA children in this study were more concerned with survival and thus, in line with what Radley et al. (2004) suggested they may have immature nerve connections to parts of their brains which are required for optimum learning and behaviour.

One teacher had a different interpretation of the ICA child's hyper-vigilant demeanour:

> *… there could be reading going on, and he'll just, he'll move in his seat and look towards me, …and he's constantly looking towards me and if I'm even asking a question down there, and I just glance, he's still looking at me, looking to see will I make a move, or can I make a move. He's like one of these birds you see in a nest.* T5F

As a result of early life adversity, reminders of ICA children's institutional experience may elicit a state of anxiety and fear, even though the children may not be aware of what triggered this state. The ICA children might display this by being hyper-aroused, or showing feelings of anxiety and stress when faced with what could appear to others as a neutral occurrence (Glaser, 2000).

As already stated maths concepts were reported to be a challenge for the majority of the ICA children by their teachers more than by their parents, and Robert's teacher commented as follows:

> *The maths where it requires him to read a question and make sense of it is much harder for him. Addition, multiplication, division is straightforward, even the fractions when he knows what to do… adding multiplying whatever, once he knows the rules and has got the rules in he has got it but the problem solving is different in terms of working out.* T8F

As outlined in the literature working memory refers to the short term storage and manipulation of information, deemed necessary for complex brain activities, as is required for maths concepts (Baddeley, 2003). Findings in the currents study suggest that consideration should be given to the possibility, in at least some of the ICA children that some areas of brain-behavioural circuitry might have been adversely affected by their postnatal experiences in the institutions (Pollak et al., 2010).

### 4.9 Level of awareness impacting on level of support

In relation to the second question about how teachers' knowledge of the effects of early deprivation influences their perceptions of ICA children's behaviour, or shape how they support the children in the classroom, the current study found that there was a low level of awareness of the effects of early life adversity on ICA children's social interaction and school engagement. Prior to discussing awareness and management strategies in school, it is important to highlight adoptive parents' experiences with other professionals involved in their ICA children's care, as this directly impacts on aspects of school engagement and management.

#### 4.9.1 Professionals outside school

All of the ICA children in this study were medically tested following adoption, and some were psychologically tested a number of years later, mostly at the request of their adoptive parents. However, the majority of parents believed that not all professionals were well informed about the possible effects on children of spending their early lives in institutions, or what supports might have been necessary later. All ten children in the current study were diagnosed with at least one disorder which, in many cases, was disputed by parents, contradicted by other professionals or, substituted for other diagnoses later. Michael's mother expressed concerns regarding the number of labels offered for her child who was reported to have a high IQ, got frustrated easily and did not engage well with others:

> *I had already gone to the psychologist in …and he didn't feel Michael was autistic. He said this is just developmental delay, trauma associated with the orphanage. …So (a year later) I went back to the same psychologist. In fact I was a bit reluctant to go back to that same one, because I felt like he didn't really understand, so I asked could we have another psychologist maybe, who had an understanding of adopted children who had suffered trauma, etcetera. So, he (new psychologist) did the assessment of needs along with an occupational therapist. So Michael came out with a diagnosis of Sensory Processing Disorder (SPD), and the psychologist put a lot of it down to his trauma in his early years, but he did have a section with a question mark over possible Asperger syndrome, but he was only five now. He put down: Severe Developmental Delay with Sensory Processing Disorder.* P9F

A few years later when Michael was ten years old, he and his family moved to a different area and, as a result, Michael was placed under the care of a different psychologist who, according to his mother:

> *….observed him for about an hour and a half. They gave him the diagnosis of 'quasi' autism and recommended an autism school*. P9F

There was initially a suggestion of autism with six out of the ten ICA children in this study but the diagnosis has been ruled out in all cases except one or, substituted for another diagnosis, as John's mother explains.

> *They were concerned about autism, but no, it wasn't that. The occupational therapist felt it was dyspraxia, but he was too young at that stage to do a proper assessment for dyspraxia. …There was a paediatrician there who said "he does have DCD" (Developmental Co-ordination Disorder). But he (the child) has done a lot of group sessions with them (occupational therapists), and they have said they have nothing at the moment to offer him, as he has improved so much.* P10F

Tom's mother also recounted the series of labels that were given by different professionals, as she and her partner were trying to put supports in place to address his challenges:

> *They (psychologists) queried an atypical autistic type disorder but that was ruled out. He was assessed by the Early Needs Assessment (team), and a diagnosis of ADHD was secured, and now the issue is a Severe Language Disorder.* P4F

As explained in Chapter 2, children "can learn to become autistic" (Federici, 1998, 73) as a direct consequence of living in an institution over a prolonged period. The

large blocks of time spent alone, together with the lack of stimulation and reduced caregiver-child social and emotional interaction, may give rise to stereotypical behaviours frequently associated with autism (or *quasi* autism as explained earlier), such as rocking, banging, or repetitive movements (St. Petersburg–USA Orphanage Research Team, 2005).

The varied and multiple diagnoses offered by professionals for ICA children in the current study appeared to reflect a lack of knowledge regarding the effects of early adversity and concur with similar reports in an Irish study who found that some professionals in Ireland tried to fit children's symptoms into particular diagnoses which were not a good match (Greene et al., 2007). Another study in the UK found that GPs knowledge was also limited regarding the effects of early adversity on ICA children (Woolgar and Baldock, 2015).

### 4.9.2 Identifying *difference* in ICA children

In this current study many of the adoptive parents and some teachers, while unsure of the rationale behind their perceptions, were mindful of the links between early life adversity and later adjustment to school and some interviewees referred to ICA children as being different. This finding was unexpected as there was no reference to *difference* or similar meaning words in the semi-structured interview questions. Independently, one parent and one teacher commented similarly about the same child. Jimmy's mother explained:

> *They (teachers) wanted to fit him in the box, and he was never going to fit in the box.* P1F

Concurring with this, and obviously unaware of Jimmy's mother's comments, his teacher also stated that:

> *…he might differ from the rest of the kids. …He's a very intelligent kid, first of all. That was the first thing I noticed. He's very unique. …He's unique, he's the kind of kid that likes to be unique. He likes to be different and plays up to that.* T1M

Another teacher who was trying hard to find ways to best support the ICA child in her class sounded puzzled:

> *So … ya, she is a complex child. ...and she is an unusual child.* T6F

The mother of Michael also described her son as wanting to do things in a different way:

> *Like he has to do something different, something that's above and beyond, outside the box. Always. "This is my way of doing it." (*Mimicking child's voice*)* P9F

However, one teacher, while acknowledging a difference in the ICA child in her classroom compared to other children, was careful not to appear to categorise him. She then expressed the view that any child who has problems may also be perceived as being different:

> *The way he is different is… well maybe children with other problems are different also… It's hard to explain it.* T3F

So far, the significance of this finding is not clear, and while there is much research around the areas of social interaction and behaviours of ICA children, this researcher was unable to locate any studies specifically highlighting *difference* in itself as being an issue. The reason for this may be that much of the research on ICA children is quantitative in nature and based on surveys, structured interviews, and measurements using standardised tests. In contrast, the current study is qualitative in nature, predominantly based on semi-structured interviews and, therefore findings may have uncovered issues that have not yet been considered in the literature.

### 4.9.3 Parents better informed than teachers

Parents, in general, appeared to have a better understanding of the effects of early adversity compared to teachers. This may be partially explained by the fact that, as part of the adoption application process, prospective adoptive parents attended preparation courses. However, one of the mothers who appeared at the time of this interview, to be especially knowledgeable, expressed her initial lack of knowledge prior to adopting:

> *I hadn't a clue. And I suppose even adopting... during our preparation courses to get our declaration, you are told of all the potential problems, but you are not really listening to that when you are in the throes of preparing. I know adoptive parents came in and talked to us but still it's not the same as having to experience it yourself…There is an awful lot going on that we were never prepared for. And the struggles…* P4F

A common view, expressed by many parent interviewees, was that they chose not to focus on the possible post-adoption challenges, which were flagged at pre-adoption courses. Michael's mother was one of those. She explained how she focused instead on areas likely to improve with love and attention:

> *I think, maybe I played it down a bit. I listened to people who said 'that's not all cases, or very few'. The health board would have talked about it, the effects… that the children can be kind of shut down, but the more you love them, and the longer they're with you, they (effects) should diminish. But …it's not as simple as that.* P9F

Most adoptive parents partook in any available courses and independently researched ways to support their children:

> *My belief is from what I am reading and researching, that the first year of their lives impacts on them, from the point of view of nurture and that. They got no attention or stimulation, and that has to affect them.* P2F

A number of teachers had taken the initiative to seek out information in relation to possible adverse effects on ICA children as a consequence of early life adversity. In advance of an ICA child transferring to her school from another school, where he was having certain challenges, one school principal outlined the preparation measures she undertook on behalf of the staff in her school:

> *There is no awareness really. …we asked someone (to come to the school), a parent I asked, in case there was something we should know.* T10F

One mother explained a teacher's reaction to a request by her and her husband for a psychological assessment on their 9-year-old ICA child, who was having challenges in school:

> *Surprise, I think was the first thing that they expressed. They could see our concerns when we voiced them, but they did not actually pick up on them themselves, but …they could see them when we pointed them out.* P4F

In a minority of cases, parents believed that ICA children's behaviour was misunderstood, as Marie's mother explained:

> *Teachers don't understand the behaviour, they see her as being bold. What they don't get is that Marie is brilliant cognitively, she is so mature. She is so there. The problem with her is that she needs to feel her feelings, not*

> *cognitivism, you know, and she will rationalise them, rather than feel them, which even adults sometimes think, oh that's great, she understands it. It's sorted. Sure, we've sorted nothing.* P6F

These findings are in accord with research carried out in the USA, suggesting that parents understand their ICA children's special needs better that school professionals (Meese, 2005). It is important to clarify that Meese is also a parent of an ICA child, so findings may be influenced by her own personal experience.

Although Marie's teacher had previously taught ICA children, she felt unease when her strategies with Marie were called into question and this may influence how the child's behaviour was managed in the classroom:

> *…because it was the first time really that I really had, you know, parents really questioning my teaching, and ...my strategies. So that was difficult, and I have seen Maria struggle with things throughout the year, and I don't know if she is coping any better than she was.* T6F

The majority of teachers expressed a desire to have more information on how adversity in early life affects ICA children. In an effort to explore reasons for the behaviour of the ICA child in her classroom, a teacher with experience teaching ICA children was curious to know:

> *What impact does their formative years there (living in an institution) have on them? …I suppose I would love to find out if there is a pattern for these children.* T3M

Findings in the current study suggest that the level of awareness on the effects of early adversity appears to vary somewhat between parents and teachers, but, in the main, teachers were taking measures to acquire the necessary information.

### 4.10 Parent-teacher relationships influencing management strategies

Many parents and teachers highlighted the importance of good parent-teacher relationships and communication. Helpful information on the management strategies that could be used to support ICA children's behaviours was mostly provided by adoptive parents, as one teacher pointed out:

> *When he came to our school he got a fresh start but, as regards other professionals coming in to advise us, no. His mother was very good. She would have literature she would give us, about Attachment Disorder and*

> *"these are his needs". His mam was on the ball, and she was our expert on it.* T1M

The majority of parents expressed satisfaction with the home-school communication:

> *There is great communication between school and home and I never had a problem. There is great support from the school. ...all of his teachers were very supportive.* P2F

A request to Robert's teacher by his parents was acted on immediately:

> *The principal in particular was very, very good. For example, with the teacher he has now, we asked could he sit with his back to the wall, as he was constantly looking around him. The next day she moved the seats around. They are very good.* P8M

William's teacher and his parents worked well together to improve his reading:

> *Yes, he will remember the…core words, but again that's commitment from home, because that has to be done every day.* T2F

Those findings supported the notion of good communication between adoptive parents and teachers and, as a result, there were benefits for ICA children, teachers, and adoptive parents.

### 4.11 Engaging with school based activities

Teachers were asked how each ICA child was engaging and performing in class, and what, if any, extra supports were required. All ten of the ICA children were reported to have challenges with attention span, organisation and planning, and with concentration. Seven out of ten had difficulty with appropriate social interaction and relationships. Eight children were diagnosed with at least one condition following adoption such as ADHD, language disorder, RAD, autism, developmental co-ordination disorder, dyslexia, dyscalculia and emotional disturbance. Three children were reported by teachers to be above average in maths. Two of those children, who were high functioning in maths, were also reported to be in the superior range of reading ability. All ten children were availing of some form of learning support, either for academic support, or because of poor concentration and/or behaviour. Seven children had major difficulties grasping

mathematical concepts. All of the children availed of speech and language therapy, at some stage post adoption and, eight of them had ongoing language related issues, such as reading comprehension. However, none were reported to have had any ongoing speech pronunciation difficulties. The most common challenges may be seen in Figure 4. 1 and in Table 4. 2 below:

Figure 4. 1 Cases X Challenges

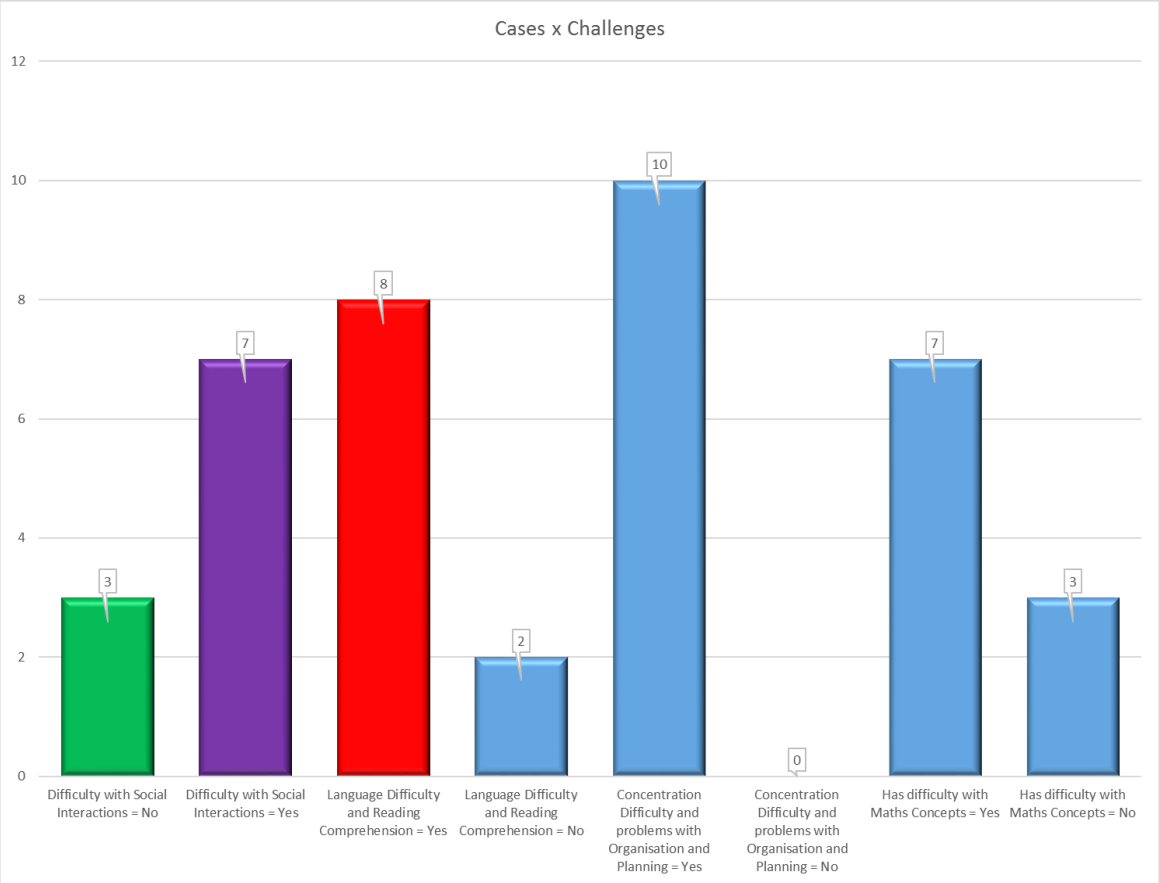



Table 4. 2 Challenges X Cases n=10

| Challenges | Cases |
|---|---|
| *Difficulty with Social Interaction = Yes* | *7* |
| *Difficulty with Social Interaction = No* | *3* |
| *Language Difficulty and Reading Comprehension = Yes* | *8* |
| *Language Difficulty and Reading Comprehension = No* | *2* |
| *Concentration Difficulty and problems with Organisation and Planning = Yes* | *10* |
| *Concentration Difficulty and problems with Organisation and Planning = No* | *0* |
| *Has difficulty with Maths Concepts = Yes* | *7* |
| *Has difficulty with Maths Concepts = No* | *3* |

The majority of teachers, rather than parents, commented on ICA children's challenges with reading comprehension:

> *He would have some difficulties with understanding when reading, but not as much in language, when spoken.* T10F

> *His comprehension is poor. He can come up and read here for me but reading in its true sense is being able to say the words and understand them. He can say them but not necessarily understand.* T2F

> *…now his reading the words is quite good, but his comprehension of what he is reading, by and large he will not have seen the meaning in them, his comprehension and his inference are non-existent.* T4F

Marie's teacher noticed that her comprehension was poor even when her reading was done quickly:

> *Another thing that I have noticed is that she is a very fast reader, but sometimes fails to comprehend what she reads. That would be a trait of her work.* T6F

Findings here concur with those of Scott et al. (2008), who found lower levels of reading comprehension in a group of ICA Chinese children living in the USA. This suggests that for ICA children, comprehension can be a barrier to learning and hence a key area requiring support. The majority of teachers made the association between poor reading comprehension and language problems:

> *He does find it hard but he… his reading would be good, but his fluency wouldn't be that good, but there you have that language thing again.* T5F

Interestingly, two children, both adopted late, were reported by their teachers to be excellent with language. Jimmy's teacher emphasised language as one of his main strengths:

> *It (language) is excellent. His presentation skills are by far the best in his class. So, definitely, he will be great at the lecturing side of things and giving talks in the future. His language and his phrases, you would never think that he did not have English until he was three. Never.* T1M

The report by Jimmy's teacher is in contrast to the findings of Glennen and Masters (2002) which implied that the older the age of the child at adoption the

more pronounced was the language delay or, that children who are at a younger age when adopted, have better language outcomes (Croft et al., 2007). However, some findings in the current study concur with those of Croft et al. (2007) who found strong associations between language development and cognitive measures. Jimmy's mother and teacher both separately reported that, not alone had Jimmy highly developed language skills, but that he was also performing in the high cognitive ability range.

> *All that kind of stuff is no problem to him…maths, learning tables and academic performance are all excellent. He is a very well able kid and he likes tasks he has to work on his own…. He is great at self-directed learning to be honest, because he so able.* T1M

Findings here support the assertion that not all children react to the same environment in a similar way. While highly sensitive children may suffer more negative responses when living in adverse environments, they also tend to be the children who have a more positive response to the beneficial effects of intervention following the move to secure and supportive environments (Ellis and Boyce, 2008). This may be the case with Jimmy, who was 35 months old when he was adopted from an institution and who is performing in the superior range academically, as well as in language. This is despite his dual diagnosis of ADHD and reactive attachment disorder (RAD). What is surprising about this result is that, generally, children who are adopted at an older age are deemed to have the greater cognitive challenges (Rutter et al., 2010), great social challenges (Tan, 2006), and language problems, as explained above. In this small study of ten children, where two children were adopted before they were 12 months old and eight were adopted above 12 months, age at adoption did not appear to influence outcome, as may be seen in Figure 4. 2 and Table 4. 3 below.

Figure 4. 2 Length of Time Spent in Institution n = 10

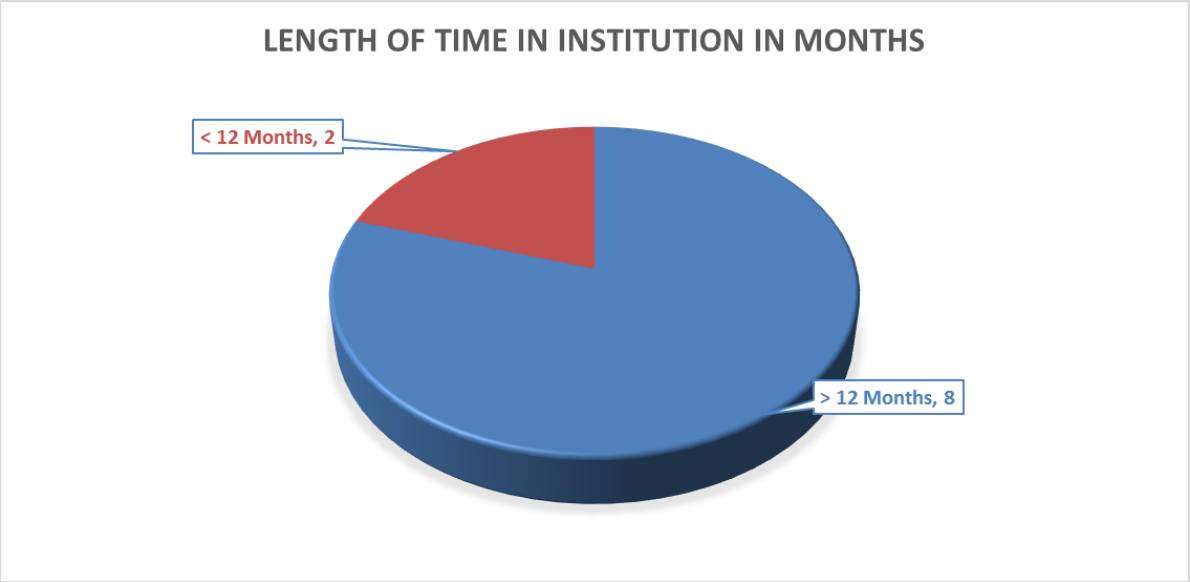



Table 4. 3 Matrix of Time in Institution X Challenges

| Pseudonyms of ICA children | Matrix of Length of Time in Institution x Challenges | Difficulty with Social Interaction | Difficulty and Reading Comprehension | Difficulty and problems with Organisation and Planning | Has difficulty with Maths Concepts |
|---|---|---|---|---|---|
| *Tom* | *23 Months* | *1* | *1* | *1* | *1* |
| *Ben* | *23 Months* | *0* | *1* | *1* | *1* |
| *Jimmy* | *35 Months* | *1* | *0* | *1* | *0* |
| *Michael* | *15 Months* | *1* | *0* | *1* | *0* |
| *Marie* | *3.75 Months* | *1* | *1* | *1* | *1* |
| *Niall* | *21 Months* | *1* | *1* | *1* | *1* |
| *Robert* | *26 Months* | *1* | *1* | *1* | *0* |
| *William* | *14.5 Months* | *0* | *1* | *1* | *1* |
| *Jake* | *18 Months* | *0* | *1* | *1* | *1* |
| *John* | *8 Months* | *1* | *1* | *1* | *1* |

Jimmy is also the child who, as referred to earlier, had formed an attachment to a specific carer in his institution prior to adoption. This suggests that the fact of having a primary caregiver, with whom Jimmy had formed an attachment while living in the institution, may have influenced Jimmy's current positive outcome.

### 4.11.1 Differences in managing challenges in the school setting

As previously outlined, language continues to be a major challenge for many of the children in the current study. However, how this impacts on a child in the classroom may not be fully understood. Teachers differ in their management of

such challenges in the classroom. One teacher of an ICA child who has a classroom assistant, explained:

> *Any time I said something he would have a conversation with her (Special Needs Assistant), and I thought this cannot happen. I'm in charge and he needs to learn to listen to me, and that has taken a long time to do that. I've got to be cruel to be kind…, so he is now realising that it's what I say. He is not going to get it repeated, you know, and he has found that very difficult.* T2F

Tom's teacher, who did not appear to be aware of his specific speech and language disorder, stated that:

> *He hadn't a clue. He hadn't even heard what I had just said. Sometimes kids that get distracted can at least repeat the words you have said, even if they don't know what it was, and it wasn't going in. The words hadn't even sunk in, so he is quite easily distracted.* T7F

It appeared that his language disorder may have been interpreted as a concentration problem. In contrast, other teachers managed similar situations differently:

> *I would probably end up repeating it alright and going slow, slowing it down, and going back through it.* T8F

> *One instruction at a time. For example, if it was an art thing, say there were three stages to it. Draw this, then when that's finished, you'd give him the next one, and so on.* T3F

These results appear to mirror those detailed in previous research which demonstrated that pre-school children, who had language delay at time of adoption, continued to have challenges with language development many years later (Roberts et al., 2005).

As well as providing learning support, many teachers also differentiate the programme for some children in literacy:

> *Spelling is poor. Again, he has a differentiated programme for that.* T2F

> *He's in the reading groups. In the reading groups, he would be in the lower group, the lower-ability group. These groups are for English, our 'English groups'. They're small groups, based on their ability, so we'd be doing comprehension, reading and writing and grammar and all that.* T5F

In a similar way to other subjects, when teaching maths, the majority of teachers used whatever strategies best suited the individual child:

> *Maths requires a lot of repetition and concrete material. But definitely he responds to that. But that goes for every child too.* T2F

> *She seemed to be doing ok in the maths, and then, all of a sudden seemed to forget her tables, and her confidence went right down in the maths, and we have been trying to rebuild that, and we are differentiating her homework, and she is getting extra help this year, and her confidence is much better now in maths.* T6F

Findings in the current study suggest that language, along with related subjects such as literacy, and also maths, are key areas where extra support was required for ICA children.

### 4.11.2 Level of awareness influencing management strategies

Four out of the ten ICA children had moved schools, because their adoptive parents were dissatisfied with their children's first school. Mother of Jimmy, who had a diagnosis post-adoption of RAD and who performed academically in the *Gifted and Talented* category, explained why she and her partner decided that he should change schools:

> *We were called in constantly and even though we talked to them and gave them the reports, there was very little understanding. … Yeah, they allowed him to stay inside and play chess against himself, that type of thing. … Well he was diagnosed with ADHD and RAD –disinhibited and some other name now isn't it? Anyway, he was on Ritalin, but then he was up half the night and losing so much weight, and it was chronic, but it was really just doing it for school you know? We eventually made the decision to move him just a year and half ago, to his current school and he has thrived since. …He is on no medication in his new school.* P1F

Interestingly, Jimmy's teacher in his new school was one of two teachers interviewed for this study, who had studied psychology. He appeared to have a very good understanding of Jimmy's behaviours, and also understood the effects of Jimmy's diagnoses, and possible reasons why there were difficulties with social interaction. With a disinhibited attachment pattern there is difficulty in forming close and confiding relationships; there is a limited awareness of social boundaries or social cues, and in anxiety-provoking situations a child will not seek closeness to parent (American Psychiatric Association, 1994). Jimmy's teacher explained:

> *You have to be very, very aware of it. On the surface, some teachers might think he is just fine, and not understand the difficulties he has, and why he is the way he is, and to manage that is going to be difficult, and difficult for him, but he is a kid I will remember. That is what attachment is and this is why he behaves in a certain way, and he can go under the radar and he can buy or sell you, and you wouldn't know.* T1M

Although Jimmy's mother spoke very highly of his current teacher's management strategies with him, she gave an example of how Jimmy's behaviour was misunderstood when a different teacher was teaching him for a period of time:

> *The teacher called out his phone number to the student teacher at the back of the class and said: 'ring me tonight about your training (football) plans'. Himself (Jimmy), wrote it down and texted the teacher that night, and said 'I'm really looking forward to sports day tomorrow'. He was probably worried about leaving and leaving the teacher* (as he is moving to secondary school in September). *The teacher texted back and said: 'Who is this?', and he texted: 'Jimmy' and the teacher said: 'delete this number immediately', so I got a phone call from the principal the next day to tell me. The reason Jimmy did that, was literally to, I'd say, keep in touch.* P1F

This type of behaviour is typical of someone with a disinhibited attachment pattern, where there is difficulty establishing or understanding social boundaries (Zeanah et al., 2004; Zeanah and Gleason, 2015). Yet, the teacher's reaction perceived that Jimmy was crossing a boundary but did not appear to understand the reasoning behind it. If the teacher was more aware of the challenges associated with a child who had a disinhibited attachment pattern, then this incident was an ideal opportunity for the teacher to discuss it with Jimmy, instead of the missed opportunity to support Jimmy's learning which it turned out to be.

Policies in schools demand that behaviours are sometimes managed according to pre-determined guidelines, as a number of teachers explained:

> *We have a lot of school policies as every school does. Children learn early on what is, and isn't, tolerated. We don't really take bad behaviour…. If there is a problem, we get in quick and try to stop it escalating. We get parents involved. You'd have to 'sit' on him. He'd never be far away from you. We would work hard to get behaviour all over the school to a level we would like.* T3F

> *There would be expectations of behaviour, which would be clear at the start of the year. We would draw up a contract at the start of the year. The children would be involved in making the rules. They are in 4th class at this stage, so they know what is needed for a happy school environment. The*

> *child might be asked to miss a break, etcetera. We don't have a reward system or anything like that.* T6F

If a particular child's behaviour was related to a difficulty in regulating his/her behaviour because of, for example, sensory overload or a sensitivity to a particular smell or noise outlined above, associated with his/her earlier life in an institution, then an intolerance of a particular behaviour may not be an adequate strategy to prevent it from escalating. A minority of teachers appeared to use strategies focusing on individual personalities and needs. This was particularly obvious with the two male teachers in the study who had psychology as part their training. One of those teachers explained how he focused on the individual needs of the child:

> *Again, it relates to the child themselves. You'd be looking at what works with one, might not work with another. What calms them down, helps them relax and regulate could totally wind up another. It is a case of trial and error for a while, to see what works and doesn't if they're not focused or whatever. Distraction and moving to: 'oh have you seen this here', redirecting them, bringing them back around to whatever it is you want them to do.* T9M

The same teacher went on to explain that his individual management strategies were influenced to some degree by a child's background:

> *I think something that's very important is to recognise, for all kids, any kind of acting out is just a surface level symptomatic thing of what's going on, at a deeper level for them. So, whether that is abandonment issues, or certain things at home with family dynamics, etcetera, I always try to keep that in mind… so, even if someone is lying on the floor screaming and shouting because I've taken marbles off them, I'm always very calm with them, because I know that there's other stuff going on there for them.* T9M

Interestingly, the same teacher was also one of two teachers who focused on his own behaviour in the management of the children in his class:

> *I kind of feel like that you don't put out a fire by adding more fire to it. Calm the situation, I'm always very mindful of my tone, my body language.* T9M

Some teachers outlined strategies that aimed to prevent an escalation in challenging behaviour. Jake's teacher explained what she does:

> *He seems to draw trouble on himself. I would organise people around him, and not put anyone near him, who would be talkative or anyway forceful at*

> *all. I would not put them near him. I would have to put him near quiet people, or he would cause hell.* T3F

Perhaps, unconsciously, this teacher was using strategies suggested by Fisher and Fisher in managing the "sensory generalist" type of learner who, because of his oversensitivity, has all "antenna" (1979, 248) out to gain information from every input, and needs to have some imposed sensory deprivation in order for him to best learn. In contrast, another teacher suggested a different way to deal with a child's challenging behaviour:

> *Well, it's my way anyway, and I don't tolerate it to be honest, I really don't have an issue with discipline. One look is enough.* T2F

Based on this comment, an assumption might be made that a child may be fearful of the consequences of misbehaving. This insinuated a certain level of stress and anxiety in the classroom. While such anxiety might not affect all children, it may lead to an increase in the stress and anxiety levels of a child who had adversity early in life. Findings in this study suggest that while some teachers are very aware, other teachers need to become more aware of how stress in the classroom might affect an ICA child more that another child, who did not have adversity early in life.

One teacher discovered that the ICA child in her class required sensory input in order for him to relax and learn better.

> *Touching different materials was another thing. The use we made of that was, while he was touching different material he was relaxed, so we used that time to teach him different things, to develop his oral skill and language, because we knew he was in a relaxed state. We just learned to avail of that time ourselves, because we just knew.* T10F

Otherwise, it was difficult to teach John, as she further explained:

> *Once he was relaxed he was more open to learning. He was able to listen to us, and he was also able to respond to us. If he was going around the place, or staying under the radar, he wasn't open to listening or responding to us.* T10F

Jake's father commented on what he believed was the best way to manage his son's anxiety in the classroom:

> *…. He worries about the weather. If we had a storm …He is frightened about things like that. You have to be very calm and should not raise voice if at all possible. If you want to deal with issues, deal with them in a calm way. Take them out of the class if necessary. Then it's ok.* P3M

Stress in early life, resulting in high levels of stress hormones, may interfere with the development of the prefrontal cortex (Teicher et al., 2003), which is an area of the brain associated with working memory and higher cognitive function (Guyton and Hall, 2000). Working memory is essential for problem solving in mathematics. Interestingly, according to his teacher, John was one of seven ICA children in the current study who had major difficulty grasping mathematical concepts:

> *He had a major issue with time … even telling the time he would like … looking at the analogue clock, telling the time from that, changing 24 hour to analogue time. For example, if he had to take two away and add something else, he might take away the two, but then he wouldn't do the last bit, or he would forget to do the last bit.* T10F

Adoptive parents and teachers were asked what impact, if any, they believed living in an institution in early life might have on a child's brain development? Many had a vague idea that this might affect children, but were unsure as to how, or why, this may happen. One teacher wondered whether lack of human contact in the institution may be responsible for particular behaviours:

> *I suppose the contact. Human contact. I don't know, I've never been in a centre or, you know I've seen programmes. I was just thinking… gosh, are they getting the love and attention, and you know, that bond? You know, is that why there's this lack of emotion there?* T3F

Another teacher acknowledged that he had not given it much thought:

> *I don't really have that much knowledge of it. It would not be something that would even be on my radar, only that I know Jimmy.* T1M

Evidence, that four of the ICA children in this study had moved schools, indicates that adoptive parents were dissatisfied with their children's first school. Findings in the current study also revealed that there were shortfalls in the understanding of the effects of early adversity on social interaction and school engagement of ICA children, especially by teachers and other professionals. Not alone is there a need for better understanding of possible reasons behind particular behaviours of some ICA children, but evidence suggests that providing information for teachers on

some of the neurological effects of early adversity might help support them in their management of such behaviours and also in their teaching strategies.

### 4.12 Strategies identified to support ICA children

In order to address the third question about the key areas in which teachers, adoptive parents and other professionals might focus with the view to best support ICA children's social interaction and school engagement, participants were asked to identify strategies which they believed may help to support ICA children in school. As there was an overlap between strategies identified by parents and by teachers, for ease of reading, both groups are discussed together under the different areas identified.

#### 4.12.1 Assessments and extra resources identified for school

Many parents expressed the wish for an assessment to be completed as standard procedure, in order to identify the needs of ICA children:

> *If we could get it, that all ICA children could have a psychological assessment, then that would be something.* P4F

One father expressed how an assessment, spread over a period of time, may identify the needs of ICA children earlier:

> *For quite a while I thought Jake was just fine. I think it would be good if people could look at him over a period of three months, and then assess him, and then give advice what to do. When we adopted him, we were told to bring him to hospital (for a physical check-up), and that was it. Once he had that physical examination that was it.* P3F

However, concern was raised by Tom's mother regarding intervening with external supports too early following adoption, although she acknowledged that some guidance may have been helpful, as time was passing by for her son:

> *But you do have to take time to get to know the child first before starting intervention, but maybe even to have some idea of what to expect would be great so we could plan for down the line…. I think we might have let it slide. The longer you let it slide the worst it's going to get, probably.* P4F

Tom's mother went on to state why she believed assessments might be considered a waste of time:

> *We are very aware of what is lacking in how to address this (social area), and this is where we are struggling most with. We can have assessment after assessment, but unless we start to put in intervention, it's a waste.* P4F

Many parents highlighted the need for more resources in school, smaller class sizes or individual one-on-one support:

> *You know, it's there, but it's limited (learning support). It would be a smaller class size, smaller group numbers, or more resource teaching. They have the ideology, and they certainly have it in their ethos, but they are limited by the department of education. ….And that's what she (her ICA child) is missing in school. She doesn't have the autonomy and she doesn't have the support.* P6F

> *School-wise he works better on a one-on-one but, saying that, he needs a lot of group support. They (his class friends) are very good for helping him. They will say "here, this is the one you need".* P4F

All of the ICA children in the current study were provided with some form of learning support in school, as many teachers outlined:

> *He gets learning support - 3 hours per week. He gets the maximum learning support that is available.* T4F

> *He was in learning support for literacy and maths, because he was diagnosed with dyslexia and dyscalculia? You see maths concepts would have proved hugely difficult for him.* T10

> *He goes out for learning support for maths once a week. He would find maths a challenge, problem solving. It's the language, the reading as well.* T5F

Nevertheless, in agreement with parents, some teachers also expressed the view that one-on-one teaching or smaller groups would be most beneficial:

> *Of course he learns better in one-to-one or a small group would be ideal. One-to-one is ideal. When he is out with the resource teacher it is just him. Of course he is going to thrive.* T2F

Irrespective of whether or not a child is adopted, it is possible that any child would benefit from one-on-one teaching or small groups, rather than being in a big group in a regular classroom situation. However, the identified need for learning support may be justified, not only because of the various diagnosed conditions in the ICA children, but also in light of the number of challenges reported for ICA children in this study who either did not have a diagnosis or had a number of challenges

across different areas. These diagnoses and related challenges are broadly synopsised in Table 4. 4 below.

Table 4. 4 Matrix of Diagnoses X Challenges

| Matrix of Diagnoses X Challenges. N = 10 | **Numbers of children diagnosed** | Difficulty with Social Interaction | Language difficulty and problem with reading Comprehension | Concentration problems and difficulty with Organisation and Planning | Has difficulty with Maths Concepts |
|---|---|---|---|---|---|
| **Diagnosed with One or More Condition = Yes** | *8* | *4* | *5* | *8* | *4* |
| *Attention Deficit Hyperactivity Disorder (ADHD) = Yes* | ***3*** | *3* | *1* | *3* | *2* |
| *Attachment Disorder = Yes* | ***1*** | *1* | *0* | *1* | *0* |
| *Language Disorder diagnosed = Yes* | *3* | *3* | *2* | *2* | *2* |
| *Autism Diagnosis = Yes* | ***1*** | *1* | *0* | *1* | *0* |
| *Sensory Processing Disorder = Yes* | *1* | *1* | *1* | *1* | *0* |
| *Dyslexia = Yes* | ***2*** | *1* | *2* | *2* | *1* |
| *Developmental Co-ordination Disorder =Yes* | ***1*** | *1* | *1* | *1* | *1* |
| *Dyscalculia (Diagnosis with severe maths problem ) = Yes* | ***2*** | *1* | *2* | *2* | *2* |
| Matrix of Challenges x Diagnoses. N = 10 | **Numbers of children not diagnosed** | Difficulty with Social Interaction | Language difficulty and problem with reading Comprehension | Concentration problems and difficulty with Organisation and Planning | Has difficulty with Maths Concepts |
| **Not diagnosed with One or More Conditions = No** | ***2*** | *2* | *2* | *2* | *2* |
| *Attention Deficit Hyperactivity Disorder (ADHD) = No* | *7* | *4* | *6* | *7* | *5* |
| *Attachment Disorder = No* | *9* | *5* | *6* | *9* | *6* |
| *Language Disorder diagnosed = No* | *7* | *5* | *5* | *7* | *4* |
| *Autism Diagnosis = No* | *9* | *5* | *7* | *9* | *6* |
| *Sensory Processing Disorder = No* | *9* | *2* | *2* | *9* | *2* |
| *Dyslexia = No* | *8* | *6* | *6* | *8* | *5* |
| *Developmental Co-ordination Disorder = No* | *9* | *6* | *6* | *9* | *5* |
| *Dyscalculia = No* | *8* | *6* | *6* | *8* | *6* |

The top coloured section of Table 4.4 shows the range of challenges the ten ICA children were reported to present with, in addition to their particular diagnosis/diagnoses. (Some children had more than one diagnosis). The bottom coloured section shows the range of challenges the ten ICA children were reported to present with, in the absence of particular diagnoses.

While a number of children were performing well academically the range of specific and overlapping challenges identified by adoptive parents and teachers heightens the need for assessment of needs, early intervention and ongoing support for ICA children where necessary.

Support with specific challenges such as sensory needs, were also identified by a number of parents and teachers as a requirement but not always available for their ICA children in school:

> *If we were given a good sensory programme, and …if that could be done in the school as part of the day, then it would be good.* P3M

Some teachers had ideas to create a particular space which might help support the sensory needs of some ICA children:

> *What we really need in this school is a multisensory room where he can lie down and look at lights and bubbles and hear sounds and feel textures. Because he's so sensory. He responds well to those things. Like a lava lamp would help him a lot I think. So, we've got kinetic sounds, that kind of thing. It helps when he's elevated. Anything he can squeeze or pull, brings him back.* T9M

Another specific area, identified by the majority of parents and all of the teachers as requiring support, was concentration and attention span. One parent suggested how this might be addressed for his son:

> *His deficit in planning and organisation and concentration may prevent him reaching his potential. It's a matter of finding something he is interested in and likes… and for him to find his niche that he can focus on.* P8M

William's teacher was already trying a particular strategy to support him in improving his attention span in class:

> *He would have a poor attention span …, but I am trying to establish the line between what's learned behaviour and what is his attention span. That's the thing…, if he had all these supports like SNA and great peers who are only happy to bail him out, I'm trying to build his concentration span by using the likes of a timer. He has the visual aid with the sand going down… but concentration is a huge issue.* T2F

Another area, highlighted by both parents and teachers as being of particular importance in the support of ICA children, was the need for ongoing communication between home and school. Jake's father stressed the necessity for open communication with the teachers in order to explain that ICA children have particular needs:

> *We had a meeting and explained things to her about what may be going on. That was useful. We explained that these children may seem the same on the surface, but they are not. These children have special needs, and you need to be aware of that. It would be very easy just to treat them exactly the same as others but you are going to have problems if you do that.* P3M

In the absence of a manual with guidelines for support the benefits of good communication between teacher and parent was emphasised by another teacher:

> *You would need good communication between school and home. When he first came I had to look at the attachment, and see what was going on. There was no Toe by Toe (Reading support literature for children with reading problems) you could use to fix that. So then linking with mam and knowing what the story is, and if he is giving trouble at home, or she is concerned about whatever it might be, you always have to be on the ball and keep an eye on it.* T1M

However, some parents referred to the lack of guidance available to them on what to do at home, or how best to advise teachers, in order to support their ICA children in school:

> *…and no-one was able to tell me how to help, what to do, how to support him. They (teachers) would phone me every day. If Michael wasn't cooperating, I'd have to take him home. Em …they (teachers) were coming to me looking for advice and guidance with him.* P9F

> *We are not doing much on that at home, as we don't know the right thing to be doing, but it's hard to know what's the right thing to do. I feel there is a lot we could be doing and we are not doing.* P4F

Interestingly, just one teacher, suggested that the adoptive parents may also benefit from support at home:

> *I think his mother needs support. I think home needs support. We are managing because we have help and we are trying our level best with him. It's very easy to discipline him here because we have structures in place. They need help at home. His parents need help.* T3F

Most teachers were willing to put extra supports in place at school if there was guidance available as to the best type of support:

> *The first thing I think that any school should have is support. Are there social services attached to each child? We would be very open and willing to meet with somebody who would tell us about the possible difficulties these children may encounter, so that we would be ready for them… so we could put strategies and put resources in place to help the child in whatever way we could. Being prepared is the answer really.* T10F

Evidence suggests that, if parents and teachers had the knowledge and information available to them, they were very willing to put appropriate supportive strategies in place both at home and at school for the benefit of ICA children.

### 4.12.2 Extra training identified by parents and by teachers

In the current study the majority of parents were of the opinion that teachers did not have sufficient information to manage issues related to ICA children and believed that they should try and seek out the information, as Tom's mother suggested:

> *They (teachers) need to be able to get the information. They need to know how to source the information. They need to understand that with intercountry adoption,… that the struggles are there and they are something they should be looking out for, rather than being surprised to find them if they are coming through.* P4F

This finding is similar to those in previous Irish studies, where many parents believed there was a lack of understanding in the Irish education system about issues affecting children from IC adoption (Greene et al., 2007). This view was also shared by teachers in the current study as most believed that their training did not equip them to deal with issues related to ICA children:

> *That is something that was not made clear to me in college, or in any of my studies. Like a lot of things, you don't get to learn about them until you have to deal with them.* T6F

Such findings also reflect the views of Prichard (2014) who suggested that teacher learning and assessment approaches do not always meet the needs of the child**.** Compared to some other commonly diagnosed conditions, some teachers were unsure what strategies to implement for ICA children:

> *But, you know if someone has dyslexia, let's say, you know they are going to struggle with their reading or their writing, or both maybe. …. If they are on the ASD (autism spectrum disorder) spectrum you know they might struggle with noise maybe…, or might not be able to read emotions. So, you have a fairly clear guideline of what works and what doesn't work. Whereas, with Maria, it's difficult to know what will help; what won't help; what triggers it; what affects it; how can I help her as a classroom teacher, because it's not a special needs teacher (that is required).* T6F

All ten teachers in the current study shared the view that more information was required on the possible effects of early adversity on ICA children, similar to GPs who deal with ICA children. The majority of teachers expressed a wish for more professional guidance, and some suggested support before the ICA child started school:

> *It would be nice to get some professional in to tell us about things that we could do or things to look out for. It just didn't happen this year but I think it would be something good to do and I think everyone would get something out of it.* T6F

> *…if there is something that can be done in school, or before they come to school, to help them deal with whatever issues they have and even help us, educate us, in relation how to deal with these children. Obviously, they are coming from a different world and we have 22 children who were raised in loving homes, as far as we know, and then another child who has come from hell, basically, in some ways and it's very difficult for them. What we need is more information.* T3M

> *Well, a programme should be put in place before they start school, for every school … children from intercountry adoption … so that we are aware of it, and also so that we respect their culture. We have to be made aware…how we cope with different things.* T10F

The benefits of having teachers with psychology as part of their training were highlighted by Jimmy's mother who had moved her son from a previous school, where he was having major challenges, to his current school:

> *He knows right from wrong now and aside from that he's had an educational psychologist (in current school) for the last year. Blessed! Blessed! That work on his social, that whole part of it has been fantastic.* P1F

Interestingly, one of the two teachers, who had psychology training, pointed out the benefits of psychology information in management strategies but also stressed the importance of considering the ICA child's individual adoptive history:

> *I think it's always helpful to have as much info (information) as possible. But only ever as a guideline. All kids at this age just change so rapidly, it's so quick that something that was relevant a year ago may no longer be relevant. But it's always good to know where they came from. Their adoptive conditions can influence what's happening now.* T9M

The findings strongly emphasise the need for more information and if possible further training especially for teachers with particular attention given to the possibility of psychology being included, so that they have knowledge regarding best practice in order to support ICA children in the classroom.

### 4.13 Concerns for intercountry adopted children's future

Parents and teachers were asked whether they had any concerns for each of the ICA children's futures and, if so, to outline what they were. The majority of participants had some concerns. The most frequently stated concerns are outlined, as well as a small number of grave concerns in particular areas. Appropriate social engagement and relationships were the areas most flagged as future concerns by both adoptive parents and teachers.

#### 4.13.1 Adoptive parent future concerns

Nine out of ten parents had more concerns for their ICA child's future around developing relationships and independence, rather than academic achievements:

> *We want him to be able to interact socially as he grows up, despite whether he can add or subtract. This is vital as he gets older, and I think he is going to have struggles all the way up really around social skills, that sort of stuff. We are afraid of him being a loner, and hopefully he can progress into some form of a future; that he will be self- sufficient, and won't require constant support or supervision.* P4F

> *My priority isn't academia, although I do think she will be quite academic herself, but that isn't the priority. My priority is life skills, social skills, that kind of thing.* P6F

> *The whole goal at the end of the day is that he will grow up, and live, and be able to hold down jobs, to be able to hold himself above water, and to be able to have relationships.* P8M

One mother joyfully explained what she wished for her son, although she was also concerned about his social skills:

> *It's the social part really, that would concern me, and I suppose that was flagged in the report. I mean, I want him to thrive and flourish and to be that free thinker.* P1F

These findings suggest that adoptive parents' concerns for the future are justified, in light of research suggesting that ICA children are less likely to form close relationships compared to children who are not adopted (Tieman et al., 2005). One father pointed out that his concerns have lessened as his ICA child is getting older:

> *From having huge concerns early on, these have settled now. He has an awareness of caring for his body and that. So, from having huge concerns earlier we really have very few now.* P7M

Another mother explained how she uses particular language to help her son better understand relationships and to improve his social interaction:

> *It's about (him) considering what other people want, not just about him, being considerate. It's to get him to come out of himself and to consider others' needs and wishes, and understand to do things that might be boring to him, but just do it so he 'can fit like a cog' (mother using mechanical terms to her son, who is fascinated by machines).* P9F

Based on the perceptions of adoptive parents in the current study, it appears that social interaction and ability to form relationships are the areas highlighted as being of most concern to them, for their ICA children in the future.

### 4.13.2 Teachers' concerns for ICA children's futures

Concurring with parents, the majority of teachers also had concerns around social interaction and peer relationships of the ICA child that they were teaching.

> *The most area in which I would have concerns is his social skills. That's the most area. I am concerned that in time children may pull more away from him as they don't want to be in a disruptive environment all the time.* T3F

> *I would be a bit concerned about her socially. …she struggles with friendships and I have seen that this year and I'd be worried that the friends she has, she is going to push them away… Academically I think she will be fine.* T6F

A number of teachers were already concerned about the ICA children's social skills when the time comes for them to move to secondary school and as adolescence approaches:

> *He is only a short distance in his journey and no matter who is dealing with him there is going to be a lot of support from home needed. Parents are getting support along the way. He is going to have different challenges along the way, when he goes into 5th class, secondary school and so on. They will have to try and pre-empt what is required.* T2F

> *That is a cause of concern for ourselves in this school and for his mam. The concern of him knowing where the line is and where it isn't. Another concern I would have for him when he gets to teenager years – girls, and …know exactly. He might be overfriendly or not know where that line is. Relationships are going to be tricky with him and if he gets rejected by girls… well….*T1M

This particular teacher was also concerned that his behaviour be managed properly and that emotional support and advice should be available to the ICA child, as he transitions to secondary school:

> *…and when you are reprimanding him for something, do it the right way, not to have a go at him, like you might at another child. You have to nearly have him in cotton wool and talk him through it, because he could get very upset and he needs things explained to him. This needs to be explained to the teachers he will have next year. There needs to be a person that he can go to with his problems and who will fight his corner for him.* T1M

More teachers than parents were concerned about the children's school engagement and academic achievements. Tom's teacher was concerned about that aspect of his performance:

> *Maths, English, really all areas (are a concern). He is very naive.* T4F

As concentration and attention span were reported to be challenging for all of the ICA children in this study some teachers also referred to this as being an ongoing concern for the future. One teacher was hoping for a magic solution:

> *It is, I suppose, being able to spot a better way to get him into concentration mode quicker. If I could have a magic formula for that!* T8F

In line with adoptive parents, evidence suggests that social interaction and peer relationships are of most concern for the majority of teachers for the ICA children in their classrooms, while many were also concerned that poor concentration and other challenges may interfere with ICA children's academic achievements. In summary, a précis of findings from the data in this study is shown in Table 4. 5 below.

Table 4. 5 Themes by Stakeholder Type

| Themes x Stakeholder Type – Shared & Unique Concerns | Teachers | Parents |
|---|---|---|
| *T1 - Post-institutionalised Intercountry Adopted Children's Early Life influencing Later Outcomes* | *8* | *9* |
| *1.0 Linking early deprivation and later social interaction* | *2* | *10* |
| *1.01 Preadoption history affecting later development* | *1* | *10* |
| *1.02 Biological factors, pregnancy and birth factors influencing later outcomes* | *1* | *9* |
| *1.1 Adoptive parent's recollections of their children's pre-adoption living environment and associations with current behaviour* | *0* | *10* |
| *1.1.1 Physical environment and level of care pre-adoption* | *0* | *10* |
| *1.1.2 Poor carer to child interactions with little emotional stimulation* | *0* | *9* |
| *1.2 Recollections of the social emotional states of the children in the institutions prior to adoption and possible impacts on later behaviour and social interaction* | *0* | *10* |
| *1.2.1 Initial meeting and interaction of adoptive parent and child* | *0* | *10* |
| *1.2.2 Initial Post adoption children's behaviour impacting on later interaction* | *6* | *10* |
| *1.3 Ongoing issues affecting children's ability to socially interact and engage with school* | *8* | *8* |
| *1,3.1 Communication problems and ongoing issues with language* | *8* | *6* |
| *1.3.2 Social concerns in School and lack of team participation* | *8* | *8* |
| *1.3.3 Sensory seeking and sensory avoiding behaviour impacting on social interaction and school engagement* | *4* | *9* |
| *T2 Awareness by Teachers of the Effects of Early Life Adversity Influencing Management Strategies and Stress Reduction in the Classroom* | *9* | *9* |
| *2.0 Level of awareness of effects of early life adversity impacting on behaviour management strategies* | *8* | *7* |
| *2.0.1 Reference to professionals outside school* | *5* | *8* |
| *2.0.2 Parents and teachers identifying 'difference' in ICA children* | *4* | *3* |
| *2.0.3 Stress and anxieties possibly associated with early life adversity* | *7* | *7* |
| *2.1 Parents better informed than teachers about the effects of early adversity* | *9* | *8* |
| *2.1.1 Parent teacher relationships influencing management strategies in the classroom* | *8* | *4* |
| *2.2 School engagement and teacher's management strategies of challenges and stress of ICA children in the classroom* | *9* | *8* |
| *2.2.1 Children engaging with the curriculum* | *9* | *7* |

| Themes x Stakeholder Type – Shared & Unique Concerns | Teachers | Parents |
|---|---|---|
| *2.2.2. Managing challenges in school with language, reading comprehension and other academic challenges* | *9* | *7* |
| *2.2.3 Differences in understanding and managing anxiety and behaviour challenges in school* | *4* | *7* |
| *T3.0 - Strategies identified by adoptive parents and teachers in order to best support ICA children's Social Interaction and School Engagement in the Future* | *9* | *9* |
| *3.0.1 Assessments and extra resources identified for school* | *9* | *7* |
| *3.0.2 Extra training identified by parents and by teachers* | *8* | *10* |
| *3.0.3 Concerns for ICA children's future* | *10* | *10* |

* Parents n-10 Teachers n=10

The précis of findings is summarised above under each of the three themes which emerged from the data.

### 4.14 Unexplained findings

Although findings in this study were generally in line with those outlined in the literature, there were some exceptions. There were a number of unexplained finding in relation to the first question in this study. Age at adoption was highlighted in the literature as being related to specific challenges in some areas. However, in the current study while Jimmy, adopted at 35 months and thus the oldest age at adoption of the children in this study, did have challenges with social interaction, he engaged very well with the academic side of school and was reported to be performing well above average in all subjects, especially maths and language. In contrast, Maria, who was adopted at the youngest age, when she was just 11 weeks old, had challenges with both social interaction and school engagement. Jimmy also happened to be the child who had an insecure attachment pattern which was diagnosed as Reactive Attachment Disorder (RAD). His case was unusual, as he was reported to be performing in the superior range of cognitive ability. This was in contrast to previous studies which suggested that attachment and behaviour problems, indiscriminate friendliness, and lower IQ, were found to be concurrent issues in the same children (St. Petersburg-USA study, 2008). One explanation may be that the particular ICA child is genetically predisposed to be cognitively high functioning. Another explanation may be that Jimmy may be one of those children who was more sensitive to adversity but who may also be more sensitive to positive and nurturing stimulation in an ideal environment (Gunnar,

2016). Although development is dependent on experiential opportunities genes "direct the course of human experience" (Scar and Mc Cartney, 1983, 433).

However, the finding that RAD persisted in a child who was adopted at 35 months, is congruent with previous research which suggested that late adoptions (above 12 months of age) tended to have more attachment insecurities (Bowlby, 1997).

An unexplained finding, in relation to the second question in this study, is that teachers were looking to the parents for guidance with regards to information and knowledge about possible effects of institutionalisation on the ICA children, and therefore as a result, in most cases, there was a good relationship between adoptive parents and teachers who worked together to support the ICA children. This may be because of the dearth of information available to the teachers from other sources.

In relation to the third question when asked whether they had concerns for the ICA children's futures, only one person referred to mental health as being of major concern to her. This is despite research findings, which suggested that mental health was an important area of concern for many ICA children, especially as they got older (Tieman et al., 2005).

> *And I would be very worried about their mental health as time goes on. That's my area of concern. Obviously their education is important but their mental health….The child would need a lot of support with mental health and their families need support with mental health. I am afraid that we will be in trouble when he is in fifth or sixth class. I would be very worried about that. That's what I'm afraid of.* T3F

However, the lack of knowledge by the majority of teacher participants on the effects of early adversity may be one reason why concerns about the future mental health of ICA children was not an issue, and also none of the children had yet reached adolescence, unlike those in the study of Tieman et al. (2005). It is also surprising that just one teacher highlighted the importance of the traits of the adoptive family as having an influence on the ICA child.

> *It's important the family that they are adopted into. I think it's a huge part, from what I see anyway. It makes a big difference.* T3F

The wider literature has not demonstrated the characteristics of adoptive parents as having a significant influence on ICA children's cognitive outcomes (Croft et al., 2007), but there appears to be a dearth of research evidence as to whether socio-emotional behaviour is, or is not, affected by parents' characteristics.

One teacher suggested that country of origin might also be an influencing factor on the child, based on her previous experience:

> *From what I see anyway, depending on where they are from, they can have challenging behaviours. Where they are from can make a difference. …We have had children from Vietnam and they are doing very, very, well. In fact they are above average. Now, children from Russia we have found may be troublesome. …Maybe they are not the most popular in the class. That's our experience anyway. Now we have not a huge lot of experience but what we hear from other schools also.* T3F

This observation may be co-incidental, as the numbers of ICA children taught by this teacher are relatively small. Her positive impression of Vietnamese children appears to be influenced by her experience teaching specific children from Vietnam in the past and her negative view of Russian adoptees may also be influenced by comments from other teachers who had taught *troublesome* children in the past who happened to have been born in Russia. Nevertheless, T3s remarks partly concur with other research, suggesting that ICA children from Russia had more marked signs of adverse neurological symptoms compared to ICA children from China and East Asia (Pomereau, 2005). Health care may be better in China, East Asia, or in other countries compared to in Russia, or children waiting to be adopted may have better environmental living conditions, as outlined in the literature review. Nevertheless, in this study a number of adoptive parents of Russian children believed that alcohol consumption during pregnancy was an issue of concern for their ICA child, and believed it may affect their behaviour later in life. Despite this assumption, behavioural or other challenges were not specific to children from Russia, as can be seen in Figure 4. 3 and Table 4. 6 below.

Figure 4. 3 Countries of Origin

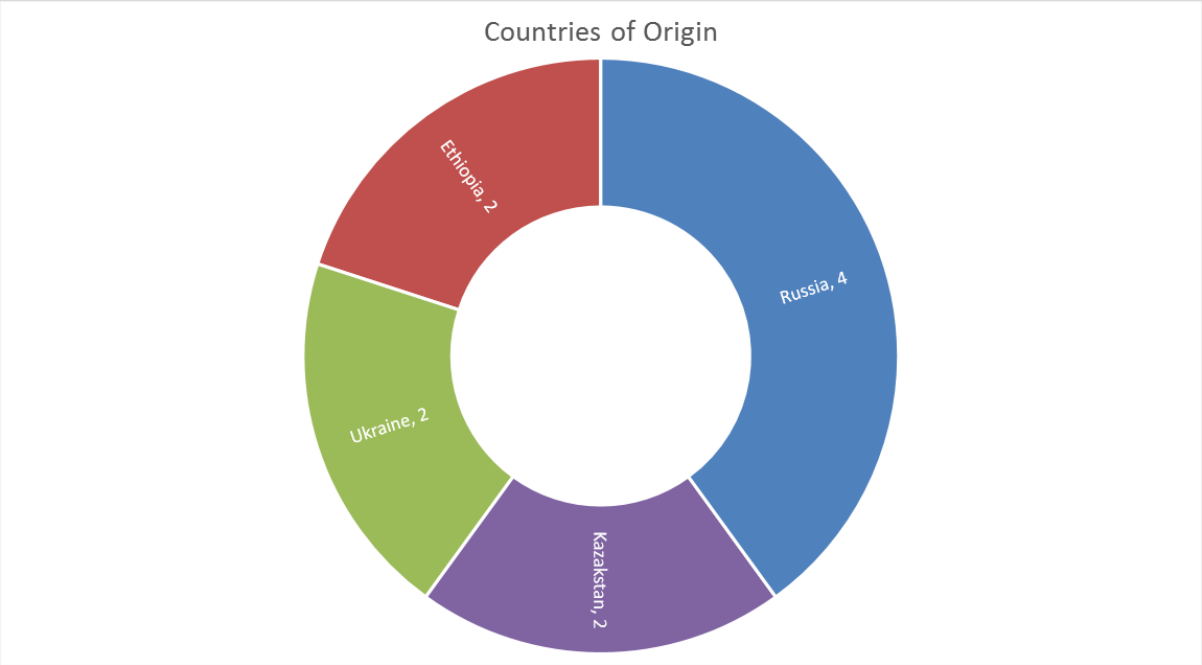



Table 4. 6 Matrix of Country of Origin X Challenges

| Matrix of Country of Origin X Challenges | Difficulty with Social Interaction | Difficulty and Reading Comprehension | Difficulty and problems with Organisation and Planning | Has difficulty with Maths Concepts |
|---|---|---|---|---|
| *Russia* | *3* | *4* | *4* | *3* |
| *Ethiopia* | *1* | *2* | *2* | *2* |
| *Ukraine* | *1* | *1* | *2* | *1* |
| *Kazakhstan* | *2* | *1* | *2* | *1* |

### 4.15 Significant findings

The chosen methods of data collection provided answers to all three research questions exploring how early life adversity impacts on social interaction and school engagement in middle childhood in Ireland.

In relation to the first question, regarding how ICA children socially interact and engage with school, this study found that, although they had made great progress in all areas since the time of adoption, the majority of the ICA children had challenges with appropriate social interaction and engagement with school. Those findings were, for the most part, in line with current literature. However, the

findings were unique, and thus filled a gap in the literature, in that each ICA child's early history was linked to their current situation with social interaction and school engagement. It was of particular significance in the Irish context to find that all of the children in this study had been exposed to adversity in line with level two of Gunnar's (2001) categories of deprivation as described in Chapter 2. In this study although all 10 ICA children had specific challenges to varying degrees a minority performed to a high level in some academic areas.

The second question, exploring how teachers knowledge of the effects of early deprivation influences their perceptions of ICA children's behaviour or shapes how they support the children in the classroom, revealed significant findings and provides a contribution to knowledge. Despite findings in the literature highlighting the effects of early adversity on the brain impacting on behaviour and learning, knowledge on the effects of early adversity was mostly found lacking and this was acknowledged by teachers themselves and also by adoptive parents in relation to teachers and other professionals. It is significant, in the current study, that the highest level of satisfaction with school was expressed by the parents of the two ICA children who attended Deis (Delivering Equality of Opportunity in Schools) schools (Department of Education, 2005). This may be because these were small classes, with just five children in one class, allowing for more resources being available to the children. This is compared to classes with numbers ranging from 18 to 32 for the other ICA children in this study. However, the main reason, highlighted by adoptive parents as contributing to their satisfaction with the Deis schools, was that the two participant teachers there had studied psychology during their training. Both teachers appeared to have a fairly good understanding of the effects of adversity in early life and implemented management strategies tailored to suit the individual children's unique behaviours. Therefore the contribution to knowledge in this study is that teachers who had studied psychology as part of their training were better informed, and implemented more supportive strategies for the ICA children in the classroom compared to those without psychology in their training.

The third question asked what were the key areas in which teachers, adoptive parents and other professionals might focus, in order to support ICA children's social interaction and school engagement. A significant finding here pointed to the

lack of knowledge of the types of strategies to implement in order to best support the ICA children in the classroom, and findings also emphasised the desire for appropriate information and the willingness by teachers to attend any available courses if available on the topic. In order to improve interventions it is crucial to have a clear understandings of the "biological and psychological factors that make these children resilient to severe adversities" Verhulst (2017, 1497).

### 4.16 Summary

This chapter presented findings of data from 10 adoptive parents of ICA children and each of the children's teachers, in a study which set out to explore the social interaction and school engagement of post-institutionalised ICA children in middle childhood in Ireland. Discussion of findings was incorporated into this chapter. This chapter was structured around the themes that emerged from the data and was organised in the order of the research questions to provide clarity for the reader. Following on from the introduction, in response to the first question, insights into the early life of each ICA child were provided, and linked to their social interaction and engagement in school. While conditions in institutions varied, they were all reported as being deficient in providing the emotional and physical stimulation considered necessary for healthy child development and all came under level two of Gunnar's three categories of deprivation (2001). In the early stages post adoption, language, sensory issues, and attention problems appeared to be the areas reported to be most affected in the ICA children. Getting adequate and useful assessments by professionals proved to be challenging for many parents who sought support for their ICA children.

In response to the second research question the discussion proceeded to explore how the level of awareness of the effects of early adversity impacted on management strategies in school. Before the children went to school many parents identified the lack of knowledge evident in most professionals about possible challenges associated with IC adoption. Many of the children were reported to have ongoing issues with language, with concentration, organisation and planning, and also had ongoing sensory issues which impacted on their social interaction and engagement in the classroom. Management strategies varied, with better outcomes reported by parents and teachers where there was good home–school communication; and also reported by parents where teachers appeared to

have a certain level of understanding of the effects of early adversity. The low level of awareness about the possible effects of early adversity on ICA children's later performance was striking, with the majority acknowledging their own lack of knowledge. The majority of teachers identified social interaction and peer relationships as being particularly challenging for the ICA children, while many children were observed to be hyper-vigilant for much of the time in school. The consequences of reports associated with toxic stress appeared to interfere with the ICA children's learning.

The next section provided answers to the third research question related to the strategies which were identified by teachers and adoptive parents, in order to best support the ICA children's social interaction and school engagement in the future. Parents identified support by professionals who understood the challenges faced by some ICA children as being a key requirement, together with assessments so that each child could avail of early intervention, if deemed appropriate. Some teachers were unsure what supports would best suit ICA children, and were willing to put extra support in place if they knew what was required. Further training was identified by parents for teachers, and also, by teachers for teachers. The majority of teachers expressed the desire for further information about the effects on the child of early adversity, even before the child comes to school, so that they would know what to look out for. Concerns for the future expressed by adoptive parents and teachers were mostly focused around the areas of social interaction and peer relationships rather than academic performance. Some unexplained findings were discussed followed by the significant findings in the study. Finally, a brief summary of the chapter was outlined.

# CHAPTER 5: CONCLUSION

## 5.1 Introduction

This final chapter opens by re-stating the aim and objectives of the current project, exploring how early adversity impacts on social interaction and school engagement in middle childhood in Ireland. This is followed by an overview of the thesis, which systematically goes through each chapter and includes references to previous key studies, which were instrumental in guiding the particular questions for this study. A brief description is then provided of the methodology used for this exploratory project. Next follows a synthesis of the results of the study, where the findings are outlined in answer to each of the three research questions which were:

1. How do post-institutionalised intercountry adopted children socially interact and engage in school?
2. How does teachers' knowledge of the effects of early deprivation influence their perceptions of intercountry adopted children's behaviour or shape how they support the children in the classroom?
3. What are the key areas in which teachers, adoptive parents and other professionals might focus, in order to support ICA children's social interaction and school engagement?

The implications of the findings in this study are then outlined, first on a micro level and with particular attention given to how the findings may have a bearing on the Irish context. A number of possible wider implications are then discussed and this is followed by an outline of study limitations. The main strengths of the study are then highlighted including emphasis on the contribution to knowledge of this study. A number of recommendations for future research are then outlined. The final section offers a reflexive account of the study process.

## 5.2 Overview of thesis

The aim of this study was to explore the impact of early adversity on social interaction and school engagement in middle childhood in Ireland. Post institutionalised (PI) intercountry adopted (ICA) children were chosen as an example of children who were exposed to early childhood adversity, which

suddenly ended when they were moved to the much improved environment of their adoptive families. The main objective of the study was to contribute to knowledge in order to support ICA children, professionals who work with them, their adoptive parents and their families, and also to inform policy in relation to ICA children in middle childhood in Ireland.

Chapter 1 introduced the topic, offered background to the context of early adversity and provided a rationale for choosing ICA children as subjects for the current study. The international and national background to IC adoption was provided and a number of key terms were defined. The purpose of the study was then outlined. This was followed by a brief synopsis of the relevant literature related to the study topic. A knowledge gap in the literature was identified and explained. A number of reasons were offered as to why this research may be desired and/or useful. The research questions were then outlined. A synopsis of the research methodology was provided. Following on from this, the proposed significance and value of the study was discussed. An overview of the thesis layout was provided followed by a brief explanation of reasons for the researcher's personal interest in this topic.

Chapter 2 focused on the literature review in relation to ICA children and particularly focused on factors which were thought to affect social interaction and school engagement. Prior to embarking on the research, an abundance of documentation, including numerous peer reviewed literature, were examined. An historical context on IC adoption was provided on an international and a national level. A number of pre-adoption possible influences on ICA children including that of the birth family were outlined.

The literature suggested that many children of IC adoptions lived in adverse conditions prior to adoption and the deprivation, to which they were exposed, had later effects on them (Johnson, 2000; Groze and Ileana, 1996). Gunnar (2001) categorised deprivation into three levels, according to the extent of the deprivation observed in institutional care. Lack of a primary caregiver was strongly associated with insecure patterns of attachment (Bowlby, 2010). Attention deficit hyperactive behaviour was closely linked to insecure attachment (Clarke et al., 2002), while secure children had better school adjustment according to Granot and Mayseless

(2001). There were a small amount of data available on language development and, while IC adoptees appeared to manage *day-to-day language* well, *school language* posed a challenge. According to the literature, inattention/overactivity (I/O) was an ongoing issue for many of the ICA children (Kreppner et al., 2001; Wiik et al., 2011). However, the majority of them made enormous gains following adoption and many children who were adopted before the age of two, were reported to perform within the average intelligence quotient (IQ) after a number of years living with their adoptive families, although some continued to have specific challenges (Rutter et al., 2001). While most studies in the literature compared children to either domestic adoptees or non-adopted children living with their birth families, a minority of studies in the literature found that, compared to their non-adopted peers, who continued to live in institutions, ICA children performed much better on IQ tests (van Ijzendoorn et al., 2005; Palacios et al., 2013).

A number of ICA children were reported in the literature as displaying high levels of stress (Barcons et al., 2012). Possible effects of severe stress and maltreatment in early childhood were highlighted in neuro-scientific literature as potential causes of changes in brain development, resulting in what was described as *toxic stress*, affecting a child's later development; (Perry, 2009; Shonkoff and Garner, 2012). This is in line with earlier studies which suggested that early deprivation may affect a change in a child's biological programming (Teicher et al., 2003; Rutter et al., 2004). Relevant to the current study are the data produced in the past decade, which have drawn attention to the importance of being aware of how children's biological processes interact with their environment at sensitive periods of development, thus shaping individuals' brain architecture and influencing social interaction in later life (Teicher et al., 2003; Obradović et al., 2010; Chiang et al., 2015). Those data highlighted, for this researcher, the importance of gaining some knowledge of the particular pre-adoption living environments of each of the children in the current study, while exploring their later social and school interactions.

The next section outlined, and critically analysed, conflicting evidence regarding possible influences of early life deprivation on the social skills of ICA children and their engagement with the school environment. The literature also referred to the low level of awareness of relevant professionals, including teachers, on the

possible effects of early deprivation. The final section in this chapter offered the rationale for the choice of research questions.

Chapter 3 presented the methodology used for this study while exploring the effects of early adversity on later social interaction and school engagement in middle childhood in Ireland. Due consideration was given to all aspects of the methodology, including philosophical underpinnings, research approach, sampling strategy and research methods. The ethical issues associated with this sensitive piece of research were outlined in detail, highlighting, in particular, informed consent, access to participants, sampling strategy, and safe storage of confidential information until it would be destroyed. Following on from this the pilot study was discussed, with a description of some lessons learned in the process. The process of conducting the interviews was then offered while drawing on suggestions and guidance from the wider literature. The approach for analysing the data was outlined. Thematic analysis was used following the guidelines suggested by Braun and Clarke (2006). The mixed process of induction and deduction, in line with thematic analysis was described. Each of the phases of the thematic analysis were outlined in detail. The themes which emerged from the data were organised in line with the levels of deprivation categorised by Gunnar (2001), and in the order of the research questions. The reliability and the validity of the current study were considered towards the end of the methodology chapter.

In Chapter 4 a synthesis of the findings was provided. The study is original in that it retrospectively explored, through adoptive parents' recollections, the level of adversity to which each of the ICA children were exposed in the institutions. An attempt was made to link their early deprivation, first with their adjustment to their adoptive families and then with their later social interaction and school engagement. Adoptive parents' and teachers' experiences were documented with respect to the ICA children in their care. The main findings were discussed in relation to the wider literature, including unexplained and also significant findings.

### 5.3 Synthesis of main findings

In relation to the first research question in this study regarding how ICA children socially interact and engage with school, one of the study's main findings was that concentration problems, associated with I/O along with difficulty in organisation

and planning, was the one area of concern reported for all ten children. As all of the children in the current study lived in institutions prior to adoption, this finding was not surprising when the reports of Kreppner et al. (2001) were considered, suggesting that there was a higher incidence of I/O in PI ICA children compared to ICA who had not lived in institutions prior to adoption.

In response to questions about the ICA children's pre-adoption living environment, recollections of the ten adoptive parents in the current study suggested that the level of deprivation, which their ICA children endured pre-adoption, matched level two of the three levels of deprivation described by Gunnar (2001). Gunnar's three levels are outlined in Chapter 2. Level two, which is the most relevant to this study, is described as: a situation where children's medical and nutritional needs were met but there was a lack of stimulation; children had little or no opportunity to engage with their environment; and they were deprived of consistent and supportive interactions with caregivers, contributing to delays in sensory, motor and language development. Confirmation that the ICA children subjects in the current enquiry, were indeed exposed to severe deprivation, was an important finding where the overarching question in this study related to the impact of early adversity on later social interaction and school engagement.

Difficulties with social interaction were reported to be an ongoing issue for the majority of ICA children. According to the literature, as explained in Chapter 2, disorders of attachment, reported for many ICA children, had later impacts on social skills and relationships (Smyke et al., 2002). However, *Attachment Disorder* was diagnosed in just one case in the current study. This may be because it was present only in one of the children or that, as was highlighted in the literature, professionals were unsure of traits associated with this disorder, in order to give an appropriate and an accurate diagnosis (Woolgar and Baldock, 2015). Limited awareness amongst some professionals, on the possible effects of early derivation, may also be the reason why *Sensory Processing Disorder* (SPD) was also diagnosed in just one of the ten ICA children in the current study, although the majority of adoptive parents reported issues with over-sensitivities or sensory seeking activities in their children, traits which are known to be associated with SPD (Ayers, 1991).

Another finding was that language-related challenges were reported for eight of the children, despite none of them having problems with speech pronunciation. This finding supported the notion suggested in the literature, that the use of language and the ability to socially interact and engage with school were strongly inter-dependent (Glennen, 2002; Meese, 2002; Glennen and Bright, 2005). Further evidence in the current study that the two children with an official diagnosis of language disorder were both un-diagnosed until they were in middle childhood, and the fact that six other ICA children were also reported as having language problems, adds credence to the suggestion that there are more demands associated with language in school compared to at home. This finding supports Dalen's (2002) assertion that there are two types of language use: *day-to-day language* and *school language*. A difficulty with understanding or expressing language may be a contributory factor to the challenges with social interaction, which was reported for seven of the children in the current study. The ability to socially interact and to engage with school is strongly dependent on the nuances of language, according to the literature.

Another important finding related to school engagement was that math concepts was an issue for seven out of the ten ICA children in this study. Based on neuro-scientific evidence gleaned from the literature, problems with math concepts may be associated with changing brain architecture affecting working memory, as a result of the effects of severe early childhood deprivation, outlined in Chapter 2 (Teicher et al., 2003).

Despite their children's challenges and in line with similar findings in the literature, this study found that the majority of adoptive parents highlighted the improvement in the children since their adoption, and the joy and pleasure that their ICA children had brought to their lives. One adoptive mother summed it up as follows:

> *Adoption in itself has been a real positive experience for us and, having gone down that road now, we want to give the lads (adopted two boys) every opportunity to develop as best as they can and to have as normal a life as possible. That's, at the end of the day, our main aim.* P4F

Similar comments by the majority of adoptive parents were spontaneous and were not in response to any prompts or questioning, as questions such as this were not

included as part of the semi-structured interviews. Despite the numerous and positive aspects expressed regarding adopting a child from overseas, all of the ICA children had challenges to varying degrees.

The second question in the current study related to how teachers' knowledge of the effects of early deprivation influenced their perceptions of the ICA children's behaviour or shaped how they supported them in the classroom. In general, the relationship between teachers and adoptive parents was reported to be good and, in some cases, was described as being outstanding, although four out of the ten children had moved schools with more positive relationships being reported at their present schools. The reasons for this were not given in all cases. Two parents expressed real dissatisfaction regarding their ICA children's treatment in previous schools and also that their relationships were not good with their children's teachers there.

Most adoptive parents reported that many professionals, which they had encountered in relation to their ICA child, lacked awareness about possible effects institutional living may have had on a child's development. This study also found that the majority of teachers displayed a lack of awareness about the impact of early life adversity on aspects of children's development, such as those affecting their social interaction and school engagement. It may follow, therefore, that support strategies in the classroom may not be appropriate or sufficient in order to support the needs of ICA children. While the level of available support may be adequate for some ICA children, a teacher, with limited knowledge about the possible impacts of early adversity, may not be in a position to provide appropriate support for others. For example, s/he may construe a particular ICA child's behaviour as being oppositional or defiant and may not recognise the possibility of the behaviour being triggered because of reminders of his/her institutional environment, such as those described in Chapter 4. An adoptive parent of an ICA child, referred to as Jimmy, had no option but to move him to a different school, where he thrived in most areas when he had a teacher, who was one of a minority of teachers in this study, who had some understanding of the link between institutional living and current challenges or behaviours.

The suggestion by Pollak et al. (2010), that aspects of brain-behavioural circuitry might have been adversely affected by ICA children's postnatal experiences in the institutions, may be relevant to at least some of the PI ICA children in this study. One area of the brain in particular, mentioned by Pollak et al. (2010) as being particularly vulnerable, is the pre-frontal cortex, which is associated with higher intelligence and is deemed to be necessary for mathematical reasoning (Guyton and Hall, 2000, 669).

This study found that the level of knowledge among teachers, regarding the possible effects of early deprivation, directly influenced how they supported ICA children (or any children) in the classroom, with the more informed teachers implementing strategies to suit the individual needs of the child.

The third question in this study sought to explore the key areas on which teachers, adoptive parents and other professionals might focus, in order to best support ICA children's social interaction and school engagement. The desire for more information, in relation to the effects of early deprivation on children's later outcomes, was the main finding in relation to this question. With respect to the teachers, the majority of them expressed an openness and a desire for more information, in their endeavour to support the ICA children in their care. Some teachers expressed the need to get someone into the school to enlighten them on the topic, although they found it difficult to source people who could provide such information. One school principal had previously brought in an adoptive parent to inform the staff prior to one ICA child starting in her school.

A number of teachers and parents highlighted the need for appropriate assessments soon after an ICA child started school, so that his/her needs could be identified and appropriate strategies then put in place. However, one parent warned about this happening too soon after a child entered school, as she believed, time was needed in order to let him/her settle in and she was also worried that, while numerous assessments could be done, they were pointless unless appropriate strategies were then put in place.

Many teachers had implemented supportive individual strategies for ICA in their classrooms. Some used various measures, including automatic timers, to try and

get children to concentrate for even short spurts of time. A minority used materials in the classroom, which had been previously identified as being useful to calm individual children. Interestingly, most of the support strategies reported by teachers appeared to relate to school engagement and academic performance rather than social interaction. This is despite the majority of teachers and adoptive parents highlighting social interaction and relationships as being of concern to them with respect to the ICA children's future, as they got older.

### 5.3.1 Implications of findings

Overall, findings in the current study complement those in earlier studies suggesting that early adversity appears to affect many areas of child development in ICA children in middle childhood associated with social interaction and school engagement. Findings make several contributions to the current literature. It was interesting to gain insight into the type of adversity to which each of the children were exposed prior to adoption, their early adjustment and then to explore how they interacted socially and engaged with school. Findings in the study add strength to an argument for the duration and level of each ICA child's adversity to be made available to relevant professionals, in order to support their management strategies with the children in school. One of the most noteworthy findings was that institutional living is not an appropriate environment for any child. Ideally institutions would not exist and where there is no alternative, adequate and appropriate care should be put in place. A key finding also was that the low level of knowledge on the effects of early adversity among many professionals, and especially educators, was still a subject of concern in Ireland despite this being flagged by adoptive parents in an Irish Government funded study by Greene et al. (2007). Proposed reasons for this may be: (a) lack of resources, as a result of the continued recession in Ireland which started circa 2007 and, (b) the dwindling numbers of adoptees entering Ireland since 2002.

The evidence from this study suggests that there may be an argument for including a module in psychology in all teacher training courses, as the two teachers who had some level of understanding of the effects of early adversity on children had taken psychology as part of their training. Interestingly, their schools were also the ones to which two children had moved from other schools and which were rated with the highest satisfaction by the adoptive parents.

The current study has raised important questions about the nature of assessments, diagnoses and intervention for ICA children in general. The findings have significant implications for adoption associations and relevant agencies. The provision of appropriate information is paramount, not just for prospective adoptive parents, as is currently the case, but also for professionals including psychologists, teachers, speech and language therapists, and anyone working with ICA children.

### 5.3.2 Wider implications of findings

While an attempt was made in this study to narrow the gap in the literature by identifying what strategies were implemented in school, in order to best support PI ICA children, this objective was hampered somewhat by a general lack of information or knowledge by teachers as to what specific strategies they could implement to best support ICA children. As indicated earlier, a majority of teachers emphasised their desire for more information. Findings, however, did highlight specific positive and efficient strategies, implemented by a minority of teachers who happened to have psychology as part of their teacher training.

Although the research was based on PI ICA children, findings may also be relevant to any children who suffered, or are currently suffering, from adversity early in childhood. The findings in this study are particularly relevant in Ireland at this time, as the number of homeless children is on the rise with 2,423 children in 1,178 families, reported as living in emergency accommodation in Dublin alone, during the week of July 24 to July 30 this year (Holland, 2017). There are currently about 1,220 children living with their families in Direct Provision Centres in Ireland awaiting a declaration for refugee status (Reception and Integration Agency, 2017). Hundreds of children who have been born into Direct Provision do not know any other life but institutionalised living (The Irish Immigration Support Centre (NASC), 2017). While the children in Direct Provision Centres may have very different needs to ICA children, some of their needs, associated with institutional living in Direct Provision Centres may be similar.

Therefore, findings in the current study are relevant to both practitioners and policy makers, particularly in Ireland. Findings could be used to strengthen the case for early assessments, monitoring and early intervention for children who have suffered adversity early in life. Findings also provide important insights into the

crucial role which a primary caregiver plays in the early life of the child in his/her care and investment by agency in supporting struggling families of very young children may avoid the need for investment later in life.

Findings in this study also highlights the benefits of psychology training in providing knowledge and better management strategies for children who have suffered early childhood adversity. Currently in Ireland there are a small number of teacher training colleges which do include psychology but the majority do not. Findings in this study draw attention to the benefits of including a module in psychology as part of all teacher training courses in Ireland in the future.

The current study highlights the impressive catch-up that ICA children make when they are adopted into a supportive family and, based on reports by adoptive parents, the remarkable improvements are evident over time, especially in relation to size, weight and attachment patterns and overall functioning. At the same time, and paradoxically, IC adoption is also an intervention that should not be necessary if adequate support systems and interventions were put in place in poorer countries to support families and their children.

### 5.4 Study Limitations

Findings in this study are subject to a number of limitations. The sample size was small and may not be reflective of all PI ICA children in Ireland. For that reason, there can be no generalisability of the findings, except to state that these were the findings with this particular group of twenty people, who agreed to be participants. Result may be very different if: a similar size sample was carried out on children who had come from different sending countries; a similar size group who were adopted into different families or, attended different schools or, had different teachers in the same schools. As results were based on the perceptions of adoptive parents and teachers findings may be subjective depending on many factors, such as parents' and teachers' different expectations.

As part of the adoptive process all of the adoptive parents were required to attend a course in preparation for adopting a child from overseas, where possible challenges associated with early deprivation in general may have been highlighted. In the absence of knowledge, regarding the impact of early childhood

adversity amongst teachers and other professionals, the majority of adoptive parents had sought out information or carried out their own research into IC adoption. The acquired information may mean that adoptive parents were on the alert to any possible challenges arising in their ICA children, and this awareness may have influenced their answers in the course of the interviews in this study. However, the use of semi-structured interviews in the data collection may have reduced the chances of the data from adoptive parents being informed by their own research, as probes helped to ensure that the data was specific to the particular child under discussion, rather than generically related to children from IC adoption. The fact that the data from teachers of each of the ICA children, and the documentary evidence from reports from other professionals generally concurred with the data from the adoptive parents, suggests that adoptive parents were conveying their own experiences with their ICA child rather than relaying data acquired through research into ICA children in general.

The majority of children in the current study were boys. Findings in the broader literature suggested that some aspects of behaviour may be affected by gender, and, therefore, if the majority of the subjects were girls, then the findings may be different.

The reliability of narrative retrospective accounts may also be questioned, as mentioned in Chapter 2. As the sample was *a priori* purposive sampling, and participants were difficult to source through the use of snowball sampling, motives for participation of adoptive parents may be that their child had more or less challenges than another child. However, it should be noted that none of the adoptive parents, to whom this researcher was referred with a view to seeking their participation, refused to partake apart from one teacher in the pilot study.

School class sizes varied significantly, and this may reflect how well or otherwise a teacher knew the children and also how much time was available to support each child. Two schools were designated DEIS and, as is usual in DEIS schools, class sizes were smaller which would allow teachers more time to devote to each child and, therefore, may have more of an opportunity to support individual children, compared to teachers who had a large number of children in their classes (Department of Education and Skills, 2005).

This study did not have comparison groups of either: ICA children who were not institutionalised; domestic adoptees; birth family children or children who continued to live in institutions. However, not every child reacts to the same environment in a similar way. The manner with which each child copes with the change to the environment of his adoptive family may be of significance in influencing outcomes (Greene et al., 2008), or possibly also the manner with which a child endured their pre-adoption environment. The diversity of outcomes also points to the differences in children's personalities, as well as to the variations in parenting styles.

Nevertheless, it was a worthwhile study to explore the social interaction and school engagement of a small group of ICA children, through the perceptions of adoptive parents and teachers, as findings garnered may be of interest to prospective adoptive parents, to professionals working with ICA children, to governing bodies of both *receiving*, and *sending* countries, and, lastly, to the adults, who were once ICA children.

### 5.5 Strengths of the study

A key strength of the current study is that a certain insight was gleaned into each of the individual ICA children's pre-adoption environment, in order to get some level of knowledge of the type of deprivation to which they were exposed. This is important because, according to previous studies highlighted in the literature, levels of deprivation appear to have a step-wise impact on outcomes.

A strong element of the study is that it represents a comprehensive exploration of key areas, identified mostly through semi-structured interviews, related to the social interaction and school engagement of children who are known to have suffered adversity early in life.

It may also be considered a strength of the study that, as an *outsider* researcher, none of the ICA children under discussion were known to this researcher or had attended the clinic where she works. While researching as an *insider* may have afforded easy access to participants the level of detachment associated with being an *outsider* is considered to have been beneficial as it enabled this researcher to be more objective in her approach (Merriam et al., 2006). This may not have been

possible if this researcher was conducting the research as an *insider* in her workplace as familiarity may have interfered with objectivity, as suggested by Hellawell (2006).

Another area of strength of the study is that, in order to get perspectives from different stakeholders in relation to the same ICA child, an adoptive parent and each child's teacher were interviewed, thus allowing for a comparison of perspectives. The use of documentary evidence, such as reports from speech and language therapists, also gave credence to information received from adoptive parents and teachers, as did the use of annotations and memos in the data analysis.

Of particular importance and another key strength in this study is that it offers a significant contribution to knowledge as findings suggest that teachers, who have psychology as part of their training, appear to have a better understanding of the effects of early adversity and, appear to implement more effective management strategies with ICA children in their classrooms.

Finally the use of NVivo software as a supporting tool in the analysis of the data provided an audit trail to support the reliability of the study.

### 5.6 Recommendations for further research

Findings in the current study highlight numerous areas which future research could usefully explore. A small number of these areas are outlined.

One question raised by this study is whether other ICA children from different situations adopted into different families might be similarly affected as the children in the current study. A more detailed study with a large number of children of mixed gender and from many different sending countries is needed to address this question. A mixed methods approach with a large sample may answer those questions more comprehensively. If time allowed, comparison groups such as domestic adoptees (although very small numbers exist in Ireland), non-adoptees and/or foster children, matched for age and gender, would also strengthen the current study. More broadly, research is also needed to explore whether non-adopted children, who were exposed to other types of adversity in early life, might

have similar types of challenges in school in relation to their social interaction and school engagement.

It may also be of interest to undertake a longitudinal study to assess the long term impacts of early adversity on the ten subjects in this study, when they enter adolescence and/or adult life. While a decision was taken early on in the current study not to interview the children, for reasons outlined in Chapter 3, it would be of interest to interview the children as part of a longitudinal study and get an account of the status of their social interaction and school engagement as adolescents or beyond. This would provide three different perspectives which could be triangulated and may offer a more rounded study involving all of the key stakeholders.

Further research is required to better understand, not just the impact of early adversity on social interaction and school engagement, but on all areas of child development. This is important in light of the international impact of changing legislation in relation to IC adoption where the trend is for ICA children to be older when they are adopted.

For this study it was not possible to source any research regarding the impact of school type on outcome for ICA children. However, this may be a fruitful area for further research.

### 5.7 A reflexive account of research process

I did not realise the relevance of it at the time, but the process of journaling my thoughts and ideas since starting my study, albeit not very consistently, has helped me in writing this brief reflexive account. In hindsight, I believe my reflexivity process started at the embryonic phase of the study. When I consider what reflexivity is, I tend to think of it in relation to myself, as researcher, the participants as the researched and the process as the relationship between us. Indeed Band-Winterstein et al. suggested that “the research is the product of the relationship between the researcher and the participants” (2014, 530), and is also the product of the meaning which the researcher and the participants give to the study.

### 5.8 Self - reflexivity

Undertaking this research project has been an invaluable learning experience, albeit at times, challenging. Many years prior to commencing this study my supervisor on a Master's programme suggested that I complete a PhD on something related to my topic of interest. I thought no more about it until a chance meeting with an acquaintance some time later told me about this programme. I believed that the time was then right to start it and I was delighted when I was accepted to be part of, what is now, a PhD programme. As I come to the end of the process I am aware that there is possibly no easy way to do a PhD, especially when it is part-time. Many times in the course of the current study I asked myself why I have put myself through this marathon of endurance and this was my overriding thought when life threw unexpected challenges in my path along the process. However, those negative thoughts quickly faded and many times I remind myself of the privileged position I am in to have had this opportunity, and also to be in a position to explore further a topic which I am passionate about. In the process I have gained valuable insight into the theory and the practice of research which I hope to put to good use in the future.

When I decided to embark on this study I was very conscious of the sensitive nature of the topic of IC adoption. While I had worked with many children from ICA I was an outsider and, no matter how I might perceive that I had a little understanding of the challenges faced by adoptive parents and their ICA children, my knowledge was infinitesimal compared to theirs.

Being reflexive in relation to the subjects and the participants was an unconscious process at each stage of the research. When I first engaged with the literature, my reading became much wider than I had planned at the outset. I allowed myself to be led off on tangents related to other aspects of adoption which were of general interest but not relevant to this study. I was drawn to articles related to the ethics surrounding the whole process of IC adoption. This brought up memories for me of an earlier time when I worked as a young midwife in a maternity hospital in Ireland, from where babies were transported to the USA for adoption, with many being sent overseas without the permission of the birth mother and without traceability. Ireland was then a *sending* country. I could not help but wonder had the same thing happened in reverse for a number of the ICA children now living in Ireland

and also wonder what the outcome was for the many Irish children who were adopted as babies overseas. Perhaps, at an unconscious level, this may be another reason why I was interested in exploring an aspect of relationships of the ICA children.

As already outlined in Chapter 3 I believe that I was a guest in three worlds: adoptive mothers, teachers and ICA children. The one question I was correctly asked by some members of the university staff, who corrected different chapters, and in particular following my Defence Proposal, was why I was not interviewing the ICA children themselves. I believed that the adoptive parents and teachers were in a better position to answer my research questions exploring the impact of early life adversity on social interaction and school engagement in middle childhood, than were the children. However, while children may have added further insight to my topic, I was convinced that the children were entitled to be protected from me, in my role as researcher. Although this view might be considered to be contrary to my ontological and epistemological position, as discussed in Chapter 3, I believe my position was justified. ICA children had come in contact with many strangers already in their short lives, for example, leaving their birth mothers to meet strangers in the orphanage; then leaving their familiar surroundings in the institutions to move to a different country with a different language, and where the new strangers were often a different race or colour. In many cases ICA children have attended numerous professionals for examinations or diagnoses. I believe that the ICA children had seen enough strangers without another one, in the form of a researcher, probing them about what is no doubt a sensitive topic, which, many adoptive parents reported, they did not wish to discuss, and during a time when many adoptive families and ICA children are striving towards a secure attachment.

While doing any research with people may be sensitive, the sensitive element to it may be heightened, when conducting it with what might be considered a vulnerable population. My perception, of adoptive parents or teachers of any children being a vulnerable group, may be in contrast to the perceptions of either adoptive parents or teachers. However, interviews may trigger upsetting memories from the past or heighten the upset of some memories, as Morse (2010) suggested. As already explained in Chapter 3, interview questions might be

intrusive as they delve into people's private lives (Lee, 1993). I hugely appreciated the openness and the frankness with which people shared their experiences, and I wanted to ensure that I honoured and respected them as much as I could, and especially their ICA children. Adoptive parents may be grieving for the birth children which they were unable to conceive or they may be grieving for the adoptive birth mother, family, or country of their ICA child, or, indeed, for their own childhood. Perhaps, my idea of the sensitive nature of the study may be skewed, but holding that view ensured that while I was interviewing a parent or a teacher, I always wanted to ensure that, at the back of my mind, I wanted to completely respect the ICA child. My overwhelming experience of adoptive parents is that they perceive themselves as privileged to be a parent of an ICA child and the love they have for their adopted children was palpable. I felt immensely honoured by having the opportunity to interview them. Conducting my first pilot study was a fascinating learning experience for me, and this excitement continued throughout the study.

### 5.9 Who is s/he- who am I?

The experience in my pilot study, outlined in Chapter 3, taught me to be more conscious of other people's perceptions of themselves or of others for the research interviews. It also taught me to be aware of my own perceptions of others and what perceptions of myself I portray.

In my experiences interviewing the teachers I was also very aware of invading their classroom space, and was also conscious of taking their time at the end of their working day, as many of them stayed back after school to be interviewed. I was surprised by the expressed desire by a majority of teachers to find information related to issues surrounding IC adoption and whether there was a course they could attend.

The majority of interviews with the adoptive parents did highlight the sensitivity of the topic and the vulnerability of some interviewees, especially adoptive mothers. Some of them cried in the course of telling their stories. The recording device was always turned off at this point. During this time I particularly felt privileged that they had allowed me into their private spaces. These experiences, and especially writing memos immediately after the interview heightened the importance of

following up the interview with a telephone call to check whether there were repercussions after the interview, and also to reassure them regarding the confidentiality associated with the interview and the data.

In analysing the data I was conscious that they be a true reflection of the perceptions of the interviewees, with my own views and perceptions bracketed out, in as far as was possible. I believe that personally transcribing the interviews helped in this regard, taking into account pauses and intonations as well as noting the antecedent to the recorder being turned off, especially in situations where an interviewee had become upset.

If someone were to ask me to name just one thing that I have learned in the course of this study I think it is to say that I no longer accept any piece of research at face value, without delving much deeper and asking questions in relation to ontology, epistemology, axiology and positionality of the researcher, as well as many more factors in relation to methodology.

### 5.10 Summary

Post institutionalised (ICA) children were chosen as an example of children who were exposed to early childhood adversity which ended abruptly, when they were moved to the much-improved environment of their adopted family. This final chapter is a discussion of why this research was undertaken, how it was completed, what the main findings were and the implications for such findings. The first part of this chapter re-stated the main aim and objectives of the study, while exploring how early adversity impacts on the social interaction and school engagement in middle childhood in Ireland. An overview of the contents in the main document followed, with particular references to previous studies which shaped the three research questions for this study. The type of methodology used was described and, following this, the main findings were discussed. The implications of the findings were discussed with particular relevance to the Irish context. A number of wider implications were then outlined. Study limitations were then discussed, followed by mention of a number of strengths in the current study. Recommendations for future research were then proffered. The final section of this chapter reported on reflexivity, in the process of the study.

## Appendices

### **Appendix 1:** Ethical Approval Form

# EA2

**Ethical Approval Form: Human Research Projects**

**Please word-process this form, handwritten applications will not be accepted**

UNIVERSITY OF LINCOLN

**This form must be completed for each piece of research activity whether conducted by academic staff, research staff, graduate students or undergraduates. The completed form must be approved by the designated authority within the College.**

**Please complete all sections. If a section is not applicable, write N/A.**

| | |
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| **1 Name of Applicant** | Mary Francis O'Connor |
| | School: College:<br>CERD University of Lincoln |
| **2 Position in the University** | Doctoral Student |
| **3 Role in relation to this research** | Sole researcher |
| **4 Brief statement of main Research Question** | **Background information on topic**<br>Since 1990, Ireland has witnessed a wave of children being adopted into Ireland from other countries where many children are placed for adoption because of poverty, war or other geo-political reasons. The process of adopting children from another country is widely referred to as 'international' or 'intercountry adoption' For this current study the term used is 'intercountry adoption'. Literature on the subject of children of intercountry adoption (ICA) suggests that the vast majority lived in institutions prior to being adopted (Meese, 2005). A review of the literature unearths figures in a government funded Irish, study showing that 70% of intercountry adopted (IA) children in Ireland spent longer than six months living in orphanages prior to adoption (Greene et al 2004/05a) Findings on conditions inside the institutions suggest that babies and young children spend much of their time alone in cribs and suffer emotional deprivation and neglect at the hands of overstretched caregivers (Mc Guinness et al 2000; Glennon 2002) Research highlights the lack of interaction between caregivers and children, and also the lack of stimulation and emotional neglect of the children.<br>IA children make enormous gains following adoption, with the majority who were adopted before the age of two years performing within average intelligence quotient after a number of years in their adoptive homes (Rutter et al. 2001). However, findings suggest that many children who have spent longer than six months living in institutional care, continue to have delay in specific areas of functioning years later, for example, language development (Glennen & Masters 2002), and language ability in school (Glennen & Bright 2005). Evidence in the literature suggests that a child's early life may impact on later emotional experiences. Examples are as follows:<br>(a) emotional effects such as lack of or reduced empathy with others - Based on animal Studies, findings suggest that reduced handling of baby in early life adversely affects parts of the brain associated with emotions (Dennenberg 1999).<br>(b) attachment disorders - Many ICA children display insecure attachment patterns and Bowlby (1951, cited in Bowlby 2010) suggests that maternal deprivation in early life is an important influencing factor in the long term development of children's behaviour and personality.<br>(c) altered brain pathways associated with the emotional parts of the brain - high levels of stress hormones in early life may lead to ongoing high stress levels resulting in the growing child being in a constant state of anxiety and high alert (Teicher et al. 2003).<br>Much of the research in the literature was carried out on Romanian adoptees where research findings suggest that conditions were appalling. Research related to children from other countries may show conflicting findings. As Romania discontinued to allow adoptions out of their country after 2001, the Romanian born children living in Ireland are thirteen years and older. This age range is outside the scope of this present study<br>The aim of this current study is to contribute to knowledge about how contemporary ICA children at primary school are affected by their early experiences. Little research appears to have been done |

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| | specifically relating to the emotional experiences of ICA in school. There does not appear to be any study in Ireland exploring this particular area.<br><br>**The Main Research Question is:**<br>**How are the emotional experiences at primary school of intercountry adopted children in the West of Ireland affected by their early childhood?**<br><br>The purpose of the study is to explore this question in relation to particular children from the perspectives of:<br><br>(a) Parents of intercountry adopted children. Parents will be asked to nominate one parent for the purpose of participating in this study (i.e. if a child has two parents).<br><br>(b) Teachers of the same intercountry adopted children. Teacher participants will be individual children's current class teacher, or recent teacher who knows child well.<br><br>Findings in this study may be of interest to parents of ICA children and teachers, and also to the Department of Education, Adoption Authority of Ireland and Adoption Groups. On the basis of these findings a series of recommendations for supporting children in the classroom will be devised. |
| **5 Brief Description of Project.** | **Research Method**<br>A qualitative study will be undertaken to explore parents' and teachers' perceptions in relation to the emotional experiences at primary school of ICA children.<br><br>**Participants**<br>The participants will be adoptive parents, and teachers of up to twelve intercountry adopted (ICA) children, aged between 8 - 12, and who attend primary school in the West of Ireland. One parent and one teacher of each child will be interviewed separately<br><br>**Sampling**<br>While I work with ICA children, the participants in this study will not be parents of any ICA children that I am currently acquainted with, working with, or have worked with in the past.<br>This study will use theoretical and convenience sampling. A theoretical sample - based upon the fact that they are parents of intercountry adopted children. A convenience sample in that this is an opportunity to gain access to this difficult to reach group.<br>Contact will initially be made through a small group of intercountry (IC) adoptive parents who, in February 2014, attended a general presentation on the topic of intercountry adoption, which I was invited to facilitate in my professional capacity as a Neuro-Developmental Practitioner. The presentation was organised by the administrator of Sligo Education Centre (in the West of Ireland), at the request of a family support centre, and 24 people attended. It is not possible to say how many attendees were parents of ICA children, as there were also teachers and social workers present. None of the attendees were previously known to me. At a break in the presentation I explained that I was at the embryonic stage of doing an Education Doctorate and I invited attendees to write their contact details in a notepad, if they were interested in receiving information about being a participant in a small study towards the end of 2014. Nineteen intercountry adoptive parents supplied their contact details. I intend to access this group and send them detailed information about the study by post, and inform them that I will follow up the posted information with a telephone call within five working days. The purpose of the telephone call is to discuss the study further, to answer any queries parents may have and to identify parents whose ICA children fit the criteria for inclusion in the study. A brief explanation will be given of the criteria for inclusion. The criteria are that their ICA child:<br>1. was adopted before the age of two years of age.<br>2. is currently aged between 8 - 12 years of age.<br>3. is not diagnosed with any syndrome or with a global learning difficulty<br>4. teacher of child must also be given permission by the adoptive parent to discuss his/her child with the researcher, and teacher must herself/himself by willing to participate. Parents are the gatekeepers to their ICA child's teacher.<br>Many of the parents who have supplied their details at the meeting outlined above may not fit the criteria to have their ICA child included. Therefore, it may be necessary to also include snowball sampling (as this is a particular minority group), where I will ask IC adoptive parents if they know other IC adoptive parents who may be willing to partake in the study. In order to protect the confidentiality of those others I will ask that the IC adoptive parent with whom I have the conversation if they would kindly ask other IC adoptive parents to email me if they are interested. In this way, there is no pressure on them to become involved and their identity is not known unless they wish to become involved. As I am not acquainted with any of the parents there is no pressure |

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| | on them to participate unless they wish to. The IC adoptive parents who do get in touch may in turn put other IC parents in touch. From my experience as a practitioner I have noticed that adoptive families frequently appear to have links with other similar families, so their ICA children will have the opportunity to socialise with others from a similar background.<br>If there are more potential participants than are required then the names of twelve children will be put into a box and randomly drawn for inclusion in the study. If there are not enough it may be necessary to recruit ICA parents through a general notification sent out via a local ICA agency.<br><br>**Semi - Structured Interviews -** To generate information for this project it is planned to use semi structured interviews with IC adoptive parents and teachers for data collection. This mode of data collection is suitable to this current study as it is a flexible technique and is suitable for gathering information. Semi-structured interviews with parents and teachers, by exploring their perceptions through a mixture of closed and open questions, will yield rich information about the emotional experiences of ICA children in primary school. A copy of the questions for interview will be emailed to participants with a note explaining that other related questions may emerge in the course of the interview. The researcher will give an opportunity to the interviewees to add any comments at the end<br><br>**Limitations and issues of bias**<br>As the sample in this small study is chosen based on those to whom I can gain easy access, it does not seek to generalise in relation to ICA children as a group. It will not claim to represent any group of ICA children apart from the specific group in this study. I need to be conscious that this may not be a representative sample of ICA children. However, relevant insight will still be gained, based on their parents and teachers perceptions, into how the emotional experiences at primary school of this group of twelve ICA children are affected by their early childhood. There may be unknown personal motives as to why people opt in, or opt out, of the study. ICA parents may opt to partake because their child has a problem. There is evidence in the literature which suggests that parents of ICA children are very aware and tuned in to the needs and challenges of their ICA children. On the other hand they may be less likely to partake in this study if their child does have a problem, as they may be feeling helpless or overwhelmed by such a challenge. While volunteers may be well intentioned they may not represent the wider population of ICA children<br>However, despite the limitations I believe that valuable insights will be gained, despite participant's motivation for agreeing to partake in this study |
| | Approximate End Date:<br><br>January 2015 |
| **6 Name of Principal Investigator or Supervisor** | Mary Francis O'Connor |
| | Email address:<br><br>maryclinic@gmail.com<br><br>Telephone:<br><br>003539335513 |
| **7 Names of other researchers or student investigators involved** | **Not applicable - sole researcher** |
| **8 Location(s) at which project is to be carried out** | **Location**<br>Semi structured Interview will be carried out with parent at location of their choice which is best suited to them. It is possible that parents may choose to be interviewed in their own home, as they may feel more comfortable and more in control in their own environment. Having the interview at home also gives the interviewee the opportunity to have the interview on a couch in an informal setting or whether they may wish to seat the researcher where they may prefer to use the table as a barrier or as a protector. Their wishes, with respect to location, appointment time and sitting position must be respected as much as possible, as the interviewee is obliging the researcher and giving of her/his time by participating in the study. The researcher will try and visualise things from the interviewee's perspective, and ensure that the environment is as relaxed as possible<br>Interview with teacher will be at their school or other location of their choice. If it is in the school this will also be at a time suitable to the teacher. Permission to enter the school will also be sought from the principal in conjunction with class teacher. In some cases the class teacher may also be the school principal.<br>In order that I stay safe, and am protected in the course of my research, I will inform a trusted |

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| | person of my interview location and expected time of arrival home. This person is in position of my mobile telephone number. |

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| **9 Statement of the ethical issues involved and how they are to be addressed –including a risk assessment of the project based on the vulnerability of participants, the extent to which it is likely to be harmful and whether there will be significant discomfort.**<br><br>**(This will normally cover such issues as whether the risks/adverse effects associated with the project have been dealt with and whether the benefits of research outweigh the risks)** | **Ethical Issues**<br>**The researcher must make every effort to protect the integrity and reputation of educational research by ensuring that the research is conducted to the highest standards in line with the British Guidelines for Educational Research, 2011, and in line with the Ethics Approval Board at the University of Lincoln.**<br><br>***Informed consent***<br>When adoptive parents are identified as possible 'cases' for this current study in the method outlined above, I will contact them by telephone to discuss study, inclusion criteria, and any questions they may have will be answered. Following this an information pack will be posted to them, which will include a consent form and a stamped addressed envelope. They can then make an informed decision as to whether they wish to participate or not. As already explained, parents are the gatekeepers to their ICA child's class teacher. Therefore, interviews with teachers are dependent on parental consent in the first instance. As the teacher of their ICA child will also be interviewed the parent will be asked to give written consent to the teacher giving him/her permission to discuss their child with me, as researcher, with the parent first having discussed the impending study with teacher. Following this, information will be sent to class teacher and later she/he will be contacted by telephone to discuss further and to arrange a location and date/time of interview. If teacher opts to do the interview in the school, informed consent to enter school premises to carry out the interview will be sought from school principals. (Please see attached information sheets and consent forms )<br><br>***Right to withdraw***<br>Participants will be informed in the information sheet of their right to withdraw from the interview at any time, without giving a reason. They will again be reminded of their right to withdraw prior to signing the consent form immediately preceding the interview. They will also be informed of their right to refuse to answer any individual questions without giving a reason. The interview will be read back to the researcher, and they will be offered a written copy also. They will be informed that they are free to withdraw data derived from their interview at any time up to the date specified on the information sheet, in which case all relevant data will be destroyed and not included in the study<br><br>***Risk Management***<br>The focus of the study is parent's and teacher's perceptions of how the emotional experiences at primary school of ICA children are affected by their early experiences. There are aspects of potential risks to be considered. In the first instance interviews with parents of ICA children will include discussion related to their adopted child's early life, possible in the orphanage, and the various stages of life with their child following adoption. While the researcher will make every effort to avoid asking embarrassing or awkward questions, some discussion related to their child's early life may be distressing for some parents and needs to be handled sensitively. The possibility of this happening will be pointed out to the parent prior to commencing. If it occurs the recording device will be switched off until composure is recovered, so as the participant does not feel in any way compromised or embarrassed. Prior emailing with a copy of questions on which interview is based may reduce this effect. This researcher has considerable experience interviewing adoptive parents and their ICA children in her professional capacity and dealing with similar situations inn her work. Stress, anxiety or trauma may also be triggered in a participant who themselves were adopted as children. The researcher needs to be alert to this and if it occurs, the participant will be directed to an appropriate counselling service for support. The adoptive parent or teacher will be given the assurance that he/she has the right to refuse to discuss anything which he/she may consider personal, private or sensitive, and is free to refuse to answer any question of a similar nature.<br><br>Following each interview the adoptive parent interviewee and teacher interviewee will be contacted with three days of each interview, in case that any latent stress arises as a result of the interview, or there are any questions or related concerns. In case of stress arising this may be dealt with through discussion. If it is of a more serious nature recommendations for other professional support, such as counselling psychotherapy, adoptive social worker, or referral to |

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| | their general medical practitioner will be offered if necessary. In such circumstances, names of the relevant and most appropriate person in their geographical area will be supplied.<br><br>If, in the researcher's view, there is a risk of any harm to the young person, or to anyone else, as a result of information disclosed through interviews, the researcher will inform the teacher and parent if appropriate. If the information gleaned is considered to be a child protection issue, which places the ICA child or any other child at risk of abuse, harm or neglect, then the appropriate child protection agency will be informed by telephone and in writing. In such a case the researcher will follow up with relevant agency to ensure that appropriate action is taken to protect the child. (Please see details of Child Protection and Welfare agency in information below )<br><br>A separate risk assessment will be completed prior to the start of the data collection.<br><br>**Anonymity and Confidentiality**<br>Anonymity and confidentiality will be maintained throughout the project. Interview recordings will be transcribed as soon as possible, and any identifying information will be removed. Issues of confidentiality and anonymity will also be outlined in the pre project information and consent form sent to participants.<br>To ensure confidentiality of any and all personal information, the parent will be asked to choose a pseudonym for themselves and also when referring to their child, in advance of the interview with parent. Parents will be informed that the contents of the semi structured interview with teacher of their ICA child will be confidential, and will not be discussed with them, unless in a situation where there is risk or harm to their child. As outlined the appropriate child protection agency will also be contacted if this arises. Teachers will be informed that the contents of the IC adoptive parent's interview will not be discussed with him/her. Teachers will be informed of the chosen pseudonym prior to their interview regarding the particular child.<br><br>Following transcription the digital recordings will be wiped clean. No information identifying any participant will be therefore generated and the data will be fully anonymised in the writing up of the study. Parents will be offered the opportunity to review a draft of the study to ensure that they are confident their confidentiality will be maintained.<br><br>Only the researcher and their supervisor will have access to personal information relating to the study. Transcriptions will be carried out by this sole researcher and no other transcribers will be used.<br><br>**Security and Data Protection**<br>The project will adhere to best practice in Data Protection. This means that:<br><br>• Data will be anonymised and stored electronically on a password protected computer;<br>• Data collected will only be used for the purposes of this project;<br>• On completion of the project, data will be encrypted and retained on a password protected computer for five years in accordance with University policy;<br>• Data will not be left unattended on computers.<br>• The researcher will ensure that the computer is set to lock after five minutes without activity;<br>• Audio recordings will be transcribed and anonymised as soon as possible after the interview<br>• Any hard copies of information (e.g. consent forms) will be kept secure using lockable cabinets. |
| | |
| **Ethical Approval From Other Bodies** | |
| **10 Does this research require the approval of an external** | **No** |

| | |
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| body? | |
| 11 Has ethical approval already been obtained from that body ? | Yes ☐ -Please append documentary evidence to this form.<br>No ☐<br>If "No", please state why not:-<br><br>Please note that any such approvals must be obtained and documented before the project begins. |

**APPLICANT SIGNATURE**

**I hereby request ethical approval for the research as described above.**
**I certify that I have read the University's ETHICAL PRINCIPLES FOR CONDUCTING RESEARCH WITH HUMANS AND OTHER ANIMALS.**

Mary F. O'Connor

**Applicant Signature**

**Date - 29th May 2014**

Mary Francis O'Connor
**PRINT NAME**

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*FOR STUDENT APPLICATIONS ONLY –*
*Academic Support for Ethics*

Academic support should be sought prior to submitting this form to the designated Ethics Committee within the Faculty .

***Undergraduate / Postgraduate Taught application*** — ***Academic Member of staff nominated by the School (consult your project tutor)***

***Postgraduate Research Application*** — ***Director of Studies***

*I support the application for ethical approval*

Andrea Abbas

Academic / Director of Studies Signature

29/05/14

Date

Dr Andrea Abbas

PRINT NAME

**Appendix 2:** Adoptive Parent Information Sheet

## Information Sheet for Participant Parent

Dear Sir/Madam,

I am inviting you to participate in this study and wish to outline what it will entail prior to you deciding whether or not you wish to become involved. I appreciate you taking the time to read the following information.

I am a part-time student undertaking the Doctor of Education programme at the University of Lincoln. I work as a neuro-developmental nurse practitioner and for many years have worked with children from IC adoption. The aim of my study is to contribute to knowledge about how adversity in early life may impact on school performance. The purpose of my study is to explore this through the perspectives of the adoptive parents and also that of the ICA child's teacher. I will do this by interviewing one of the child's parents and with the permission of the parents, I will also interview your child's teacher. The interview will last between 30 and 45 minutes. The child will not be interviewed or involved in the study.

It is important to note that this research has not been commissioned by any organisation or agency. No organisations or institutions will be given access to any of the raw data, or information of any research contributors. 'Raw data' - for example; your name, contact details, school details, personal communication and any information gleaned through the study process will not be shared with any person nor will any person have access to this information.

I will carry out the study under strict ethical guidelines. With permission, the interview will be digitally recorded. Real names of parent, child, teacher and school will not be used. During transcription pseudonyms will be used for children and a letter T plus a number from 1-10 will be used instead of a name for the teacher. The letter P plus a number from 1 -10 will be used instead of the name of the parent Information will be securely stored on the memory stick of my Dictaphone, stored in a locked drawer, and protected with the highest quality software. Following transcription all digital files will be completely erased and destroyed and any notes from my interviews will be shredded. Your rights and my responsibilities are enshrined in the Data Protection Act 2003.

If you so wish, you will be given the opportunity to check the relevant part of the thesis prior to submission for reassurance of anonymity, and you are also welcome to a summary report of the final findings.

It is your decision whether or not you wish to take part. I will contact you by telephone in the near future to explain further and I will be happy to answer any queries you may have. This way you can make an informed choice as to whether you wish/not wish to take part. If you would prefer that I not contact you by telephone please email me at [redacted]

Thank you for taking the time to read this.

Kind regards

Mary F. O'Connor
[redacted]
[redacted]
[redacted]

Tel. number: [redacted]

## **Appendix 3:** Letter of Consent by Adoptive Parent to Interview Child's Teacher

To: ……..

Date: ……

This research project explores: **How children who have been adopted from overseas engage with school.** Letter sets out the agreed arrangements between …. ….and Mary O'Connor. These arrangements are agreed in order to facilitate the undertaking of part of a research project, involving a case study where one parent of an intercountry adopted child is a facilitator of research, and Mary O'Connor is the researcher. The research also involves an interview, lasting not more than one hour, with the child's teacher following permission from the child's parent or parents.

For the purpose of this study I consent to Mary O'Connor carrying out an interview with …'s teacher, She will:

- Ensure that all ethical issues are formally addressed according to the University of Lincoln's ethical approvals processes;
- Ensure that individual interview participants are not identified or identifiable to anyone other than the researcher at any stage in the research project;
- Ensure that content of parent's interview is confidential and **only** available to that parent and the researcher.
- Ensure that the teacher's interview is confidential and **only** available to the teacher and to the researcher.

Agreed by…… (*print name*)

Parent…….....

Signature……

Witnessed by Mary F.
O'Connor……Date……

## **Appendix 4:** Teacher/Principal Information Sheet

**Information sheet for participant teacher/principal**

Dear M…….

I am sending this information sheet to you with the permission of M…… parent of ….. As his teacher I am inviting you to participate in a study and wish to outline what this will entail prior to you deciding whether or not to become involved. I appreciate you taking the time to read the following information.

I am a part-time student undertaking the Doctor of Education programme at the University of Lincoln. I work as a neuro-developmental nurse practitioner and for many years have worked with children from intercountry adoptions. The aim of my study is to contribute to knowledge about how adversity in early life impacts on children's school performance. The purpose of the study is to explore this, through the perspectives of the adoptive parents and also that of the child's teacher. I plan to do this by interviewing the child's parent and also his teacher. The interview with teacher will last between 30 and 40 minutes.

It is important to note that this study has not been commissioned by any organisation or agency. No organisations or institutions will be given access to any of the raw data, or information of any research contributors. 'Raw data' - for example; your name, contact details, school details, personal communication and any information gleaned through the study process will not be shared with any person nor will any person have access to this information.

I will carry out the study under strict ethical guidelines. With permission, the interview will be digitally recorded. Real names of parent, child, teacher and school will not be used. During transcription pseudonyms will be used for children and a letter T plus a number from 1-10 will be used instead of a name for the teacher. The letter P plus a number from 1 -10 will be used instead of the name of the parent Information will be securely stored on the memory stick of my Dictaphone, stored in a locked drawer, and protected with the highest quality software. Following transcription all digital files will be completely erased and destroyed and any notes from my interviews will be shredded. Your rights and my responsibilities are enshrined in the Data Protection Act 2003.

If you so wish, you will be given the opportunity to check the transcription prior to submission for reassurance of anonymity, and you are also welcome to a summary report of the final findings if you so wish.

If it suits you I would like to telephone you to discuss further and I will be happy to answer any queries you may have prior to you deciding whether or not you wish to take part. If you do not wish me to telephone please email me on [redacted]

Thank you for taking the time to read this and to consider its content.

Kind regards,

Mary F. O'Connor
[redacted]
[redacted]
[redacted]

Tel. number: [redacted]

**Appendix 5:** Letter of Agreement between Class Teacher/School Principal and the Researcher

**Letter of agreement with Class Teacher M….., School Principal M……. and the Researcher - Mary O'Connor.**

Date…..

This letter of agreement sets out the agreed arrangements between Class Teacher -…..…. School Principal – …….and Mary O'Connor. These arrangements are agreed in order to facilitate the undertaking of part of a research project, where …….(as participant interviewee) and …….(allowing access to school) are facilitators of research and Mary O'Connor is the researcher. This study plans to explore how children who have been adopted from overseas engage in school.

This question will be explored through the perspectives of parents of intercountry adopted children and the teachers of intercountry adopted children. Attached is a copy of the information sheet which was already provided to you with further information regarding the purpose of this study. This letter of agreement outlines the agreed commitments of each party.

Over the time of the project Mary O'Connor will:

- Ensure that all ethical issues are formally addressed through the University of Lincoln Ethical approvals processes;
- Provide a project leaflet giving project information and complete a consent letter for the individual teacher participant.
- Ensure that individual interview participants are not identified or identifiable to anyone other than the researcher at any stage in the research project;
- Ensure that content of teacher's interview is confidential and only available to that teacher and the researcher. (Parent will be given this assurance separate to that of, and independent of the school).
- Ensure that the teacher who is interviewed will not be identified or identifiable within the research report;
- Be available and easily contactable at all times through email or telephone call.

- (May) publish aspects of this research, including journal articles and conference contributions which involve communications to third parties. At all times, the issues of confidentiality and anonymity detailed in other parts of this letter will be adhered to. The intellectual property that arises from this research work is solely owned by the researcher;

- Provide each teacher, if they so wish, with a draft of their transcribed recorded interview. This process allows for general approval of content in respect of factual information and also to give reassurance to each teacher of anonymity. This is in addition to general, informal discussion and negotiating with teachers throughout the research exercise.

- Provide, at the end of the study, a summary of general findings if you so wish.

Over the time of the study the school principal agrees to allow me access to the school on an agreed day and time. The child's class teacher will:

- Engage with the research project, its aims and objectives to ensure the research is useful, informative and meaningful for adoptive parents, teachers and other professionals working with children of intercountry adopted children.

I have read the information leaflet and I understand the nature of this research. I consent to being interviewed by Mary O'Connor.

I understand that I can opt not to answer particular questions. I may halt or exit the interview at any time.

I do/do not wish to have a copy of the transcribed interview.

I do/ do not consent to interview being recorder.

I do/ do not wish to be sent a summary report of findings at the end of the study

Signed by Mary F.

O'Connor……Date:……

Agreed by…… (*print name*)

School Principal ……

……Date:…….

Class teacher……Date:…….

**Appendix 6:** Letter of Agreement between Researcher and Parent

**Letter of agreement between researcher and parent**

To:

Date:

This research project plans to explore: How children who have been adopted from overseas engage with school. This letter sets out the agreed arrangements between……..and Mary O'Connor. These arrangements are agreed in order to facilitate the undertaking of part of a research project, involving a case study where one parent (either father or mother) of an intercountry adopted child is a facilitator of research, and Mary O'Connor is the researcher. The research also involves an interview, lasting not more than one hour, with the child's teacher following permission from the child's parent or parents.

This letter of agreement confirms, below, the agreed commitments of each party.

Over the time of the project Mary O'Connor will:

- Ensure that all ethical issues are formally addressed according to the University of Lincoln's ethical approvals processes;
- Provide a project leaflet giving project information and complete a consent letter for parent;
- Ensure that individual interview participants are not identified or identifiable to anyone other than the researcher at any stage in the research project;
- Ensure that content of parent's interview is confidential and only available to that parent and the researcher.
- Ensure that the teacher's interview is confidential and only available to the teacher and to the researcher.
- Be available and easily contactable following the interview through email or telephone call.
- May publish aspects of this research, including journal articles and conference contributions which involve communications to third parties. At all times, the issues of confidentiality and anonymity detailed in other

parts of this letter will be adhered to. The intellectual property that arises from this research work is solely owned by the researcher;

- Provide each participant, if they so wish, with a draft of their transcribed recorded interview. This process allows for general approval of content in respect of factual information and also to give reassurance of anonymity. This is in addition to general, informal discussion and negotiating with teachers throughout the research exercise.

- At the end of the study provide a summary report of findings if participants so wish.

I have read the information leaflet and I understand the nature of this research. I consent to being interviewed by Mary O'Connor.

I understand that I can opt not to answer particular questions. I may halt or exit the interview at any time.

I do/ do not consent to interview being recorder.

I do/ do not wish to be sent a summary report of findings at the end of the study.

Agreed by…… (*print name*)

Parent…….....

Signature……

Witnessed by Mary F. O'Connor……

Date……

**Appendix 7:** Interview Schedules

**Prompts for researcher:**

- ➢ Introduce myself and try to portray an air of calmness so parent may also feel relaxed
- ➢ Ensure a quiet and private environment in as far as is possible
- ➢ Record date, time, location and name (or pseudonym) of the interviewee – whichever they prefer. (Name will be changed anyway when transcribing)
- ➢ Give explanation to adoptive parent/teacher of what is involved in the interview explaining that the purpose of it is to get an understanding of how children who are adopted from overseas interact with their peers and how they engage with school
- ➢ Explain that interview should not last any longer that one hour
- ➢ Give assurance regarding confidentiality and anonymity
- ➢ Complete the agreement and consent forms
- ➢ Re-iterate the rights of the interviewee that s/he is free to refuse to answer any question that they do not want to answer and also that they can withdraw answers at any time up to the time of submission of the thesis
- ➢ Politely request permission to record interview while explaining that it will be turned off at any time if s/he wishes me to do so.

This interview seeks to get your perspective on how the child socially interacts with his friends and teachers and how he engages in school setting.

I will first of all ask some background information and what you know about your child's history and what his pre-adoption environment was like, how s/he adjusted to her/his new family with you, and generally what her/his life is like up to now - [This section relevant only to the adoptive parents and not teachers]

A of teacher training; number of children in his/her class; type of school [relevant only to teachers and not parents]

I am also interested to hear: how s/he managed when s/he first went to school; how s/he relates to her/his peers and teachers; how s/he currently performs in school in relation to group activities, her/his behaviour in school and academic performance; what are her/his areas of strengths and her/his weaknesses if any?

There are also other key areas which I hope we can cover. I may refer to my notes to remind me of those as we go through the interview.

## SAMPLE OF INTERVIEW QUESTIONS FOR ADOPTIVE PARENTS

(Although one child in the sample was a girl for ease of explanation 'he' and 'his' and 'him' will be used to document sample of interview questions)

**Research Question 1** How does early adversity impact on the social interaction and school engagement in middle childhood in Ireland?

Demographics are established first about what country the child was adopted from and the age he was at adoption

What do you know about .....'s life before you adopted him?

- Can you describe him when you saw him in his pre-adoption environment?
- What level of care and stimulation was available to him in the institution?
- Can you describe what he was like when you brought him home - physically and emotionally?
- Because of hearing a new language how did he communicate?
- How would you describe his bonding to you and his new family?
- What about the other way around - your bonding to him?
- What was it like for him when he started school?
- How is he at making friends?
- What does he like to do in his spare time?
- What does he like to do in the school yard at playtime?
- How does he get on with his teacher?
- What does he like best to do in school?
- How does he perform academically?
- What is his behaviour like in school?
- What does his teacher say about him?
- What way, if any, do you think his pre-adoption experience has influenced him?

**Research Question 2** How does teachers' knowledge of the effects of early deprivation influence their perceptions of intercountry adopted children's behaviour or shape how they support the children in the classroom?

- Do you think it is relevant or not that a teacher be informed about his adoption status?
- How much about his early life have you discussed with his teacher?
- If teacher is aware of his status does it influence (or should it influence) how s/he manages him in the classroom?
- What type of communication do you have with his teacher?
- Does he require any type of extra support in school?

**Research Question 3** What are the key areas in which teachers, adoptive parents and other professionals might focus, in order to support ICA childrens' social interaction and school engagement?

- Are there any actions or strategies in particular that you believe have a beneficial impact on, or are helpful to …. in school?

- Are there any actions or strategies that you believe may have a negative effect on …. in school?
- Is there anything different or extra that you would like to see in place for …… in school?
- When you look to the future do you have any concerns about …. ?

Is there anything else that you consider relevant which you would like to contribute or comment on?

**SAMPLE OF INTERVIEW QUESTIONS FOR TEACHERS**

**Research Question 1**

**How does early adversity impact on the social interaction and school engagement in primary school children in Ireland?**

Demographics are established first about number of years of teaching experience; type of teacher training; number of children in his/her class; number of children in classroom; type of school; how long teaching this particular child?

- What understanding do you have of ….'s background?
- What is your general perception of …. in school?
- What was it like for him, if you knew him, when he started school?
- How does he relate and mix with the other children?
- What does he like to do in the school yard at playtime?
- How does he get on with you, his teacher?
- What does he like best to do in school?
- How does he perform academically?
- What is his behaviour like in school?
- What way, if any, do you think his early childhood experience has influenced him

**Research Question 2** How does teachers' knowledge of the effects of early deprivation influence their perceptions of intercountry adopted children's behaviour or shape how they support the children in the classroom?

- Are there situations or factors in the classroom that prevent a teacher from teaching effectively?
- In your method of teaching literacy or maths, how do you differentiate the curriculum?
- How do you manage challenging behaviour in class?
- How does …. relate to you in class?
- Can he work independently?
- Does he require any type of extra support in school?
- What is your perception of children from inter country adoptions, in terms of learning and behaviour?
- What type of communication do you have with his parents?

**Research Question 3** What are the key areas in which teachers, adoptive parents and other professionals might focus, in order to support ICA children's social interaction and school engagement?

- Are there any actions or strategies in particular that you believe have a beneficial impact on, or are helpful to ….. in school?
- Are there any actions or strategies that you believe may have a negative effect on ….. in school?
- Is there anything different or extra that you would like to see in place for …… in school?
- When you look to the future do you have any concerns about ….. ?

Is there anything else that you consider relevant which you would like to contribute or comment on?

**Appendix 8:** Codebook – Phase 2 Generating Initial Codes (open coding)

| Phase 2 coding | Code Definitions (Rules for Inclusion) | Interviews | Units of Meaning coded |
|---|---|---|---|
| Academic Performance | How is child doing with school work? | 16 | 63 |
| Concentration | | 19 | 59 |
| Copying down from board | | 6 | 6 |
| Familiarising themselves with issues regarding children from intercountry adoption | | 5 | 5 |
| Following a sequence of Instructions | | 9 | 13 |
| Handwriting | | 14 | 20 |
| Homework | | 15 | 27 |
| Irish | | 5 | 6 |
| Literacy | | 19 | 59 |
| Maths | | 19 | 92 |
| Planning and organising | | 9 | 15 |
| Adjustment to Adoptive Home | Some children took longer than others to settle in | 4 | 8 |
| Communication | | 9 | 20 |
| Early stages after coming home | Some found it difficult to settle | 9 | 30 |
| Expectations of new parents with new child | | 0 | 0 |
| Sleeping pattern | | 4 | 5 |
| Adoption process | | 7 | 24 |

| | | | |
|---|---|---|---|
| Interaction between adoptive parents and Child in the institution | | 11 | 51 |
| Leaving the institution | | 8 | 19 |
| Anxieties about move to secondary school | | 2 | 4 |
| Anxiety and fears | | 9 | 10 |
| Argumentative | | 1 | 1 |
| Assessments requested by school or parents | | 2 | 4 |
| Attention-seeking behaviour | | 4 | 12 |
| Attention span | | 13 | 19 |
| Autistic traits | | 3 | 3 |
| Aware of brain changes | | 2 | 2 |
| Awareness of effects of institutional living on development | | 10 | 15 |
| Behaviour currently | | 19 | 55 |
| Controlling behaviour | | 6 | 16 |
| Defiant behaviour | | 2 | 4 |
| Easily distracted | | 5 | 10 |
| Emotional behaviour | | 11 | 23 |
| Impulsive risk-taking behaviour | | 8 | 16 |
| Inappropriate behaviour | | 6 | 8 |
| Instant gratification | | 1 | 1 |
| Internalising behaviour | | 1 | 2 |
| Likes routine | | 1 | 2 |
| Oppositional behaviour | | 4 | 7 |

| | | | |
|---|---|---|---|
| Preventing escalation of challenging behaviour | | 2 | 2 |
| Behaviour when first adopted | | 7 | 28 |
| Bonding and attachment | Does the child feel secure or has he an insecure attachment pattern? | 11 | 26 |
| Boundaries | | 8 | 16 |
| Changed school | Parents were not happy with the school | 3 | 4 |
| Child's awareness before adoption | Some children do not consciously remember anything when they come home and others do | 4 | 7 |
| Child's coping skills | | 5 | 8 |
| Child's main strengths | | 12 | 31 |
| Child's self-awareness | | 6 | 9 |
| Taking on identity of the *Bold Boy* | | 2 | 2 |
| Choosing sending country | | 2 | 2 |
| Class size | Sometimes classes were very big and sometimes small depending on the type of school | 9 | 11 |
| Concerns for future | These are some of the factors which parent or teacher would worry about in the future | 17 | 29 |
| Condition of child at time of adoption | Health | 8 | 19 |
| Conditions in the institutions | Some Institutions were better than others | 8 | 20 |

| | | | |
|---|---|---|---|
| Child's primary carer in institution | Was there someone individually assigned to Child | 7 | 14 |
| Emotional stimulation in the institutions | What was the ratio of children-to-caregivers | 3 | 3 |
| Prior to going into institution | | 2 | 2 |
| Ratio of carers-to-children | | 3 | 4 |
| Co-ordination | | 7 | 10 |
| Crèche, preschool and school | | 14 | 41 |
| Developmental delay | | 4 | 7 |
| Diagnosed conditions | | 11 | 18 |
| Difference in parenting styles | | 3 | 5 |
| Different teaching approaches | | 2 | 3 |
| Different to other children | | 6 | 7 |
| Differentiating the curriculum | Teachers may have different methods of teaching the curriculum | 5 | 17 |
| Teaching when there is more than one class in the room | | 5 | 23 |
| Discussion about birth family | | 8 | 12 |
| Excitable | | 1 | 2 |
| Exemptions in subjects | | 1 | 1 |
| Experience teaching children from intercountry adoptions | | 6 | 10 |
| Extra-curricular activities | | 1 | 1 |
| Factors necessary for any child to learn effectively | | 9 | 29 |
| Factors which interfere with learning | | 8 | 19 |

| | | | |
|---|---|---|---|
| Factors which prevent a teacher from teaching effectively | | 8 | 14 |
| Familiarising themselves with issues re. children from intercountry adoption | | 5 | 5 |
| Feeling of helplessness | Child feeling upset and no-one available to help him/her | 2 | 3 |
| Feelings towards self and others | | 10 | 13 |
| Food issues | | 5 | 10 |
| Form of selection for adoption | How child is selected for adoption | 1 | 3 |
| Friendships | | 11 | 17 |
| Gender issues | | 2 | 3 |
| Getting to know the child before adoption | Some adoptive parents spent time getting to know the child while in the institution | 2 | 2 |
| Got a bad name in the school | | 2 | 3 |
| Group work | | 4 | 6 |
| Hearing and listening | | 4 | 8 |
| Helping teachers have a better understanding | | 2 | 2 |
| Hyperactivity | Attention Deficit Hyperactivity Disorder | 9 | 18 |
| Hyper-vigilant states | On high alert and anxiously taking notice of their environment | 7 | 11 |
| Identity and keeping up contact with country of origin | | 4 | 8 |

| | | | |
|---|---|---|---|
| Immature behaviour | | 4 | 6 |
| Important for child to be aware of school home link | | 1 | 1 |
| Information from other professionals before child came into school | | 3 | 5 |
| Involvement in sports | | 12 | 26 |
| Knowledge of possible potential issues prior to adoption | | 7 | 9 |
| Learning support in school with specific challenges | | 10 | 18 |
| Length of time teaching child | | 10 | 10 |
| Level of improvement | | 12 | 17 |
| Level of intelligence | | 8 | 12 |
| Likes animals | | 1 | 1 |
| Likes getting his own way | | 3 | 4 |
| Loves attention | | 3 | 4 |
| Managing challenging behaviour | | 6 | 11 |
| Managing him when upset | | 1 | 1 |
| Memory | | 11 | 16 |
| More going on under the surface | | 2 | 2 |
| Need to watch him carefully | | 6 | 6 |
| Not knowing the right thing to do at home | | 1 | 1 |
| Outside the box | Child may not fit in well with what is expected of them | 2 | 3 |

| | | | |
|---|---|---|---|
| Oversensitive to situations | This can be sensory system over reaction or emotional over reaction | 4 | 5 |
| Tuned in to mother's emotions | | 1 | 1 |
| Parent awareness about challenges in child | | 7 | 9 |
| Parent teacher relationship | | 14 | 29 |
| Parental feelings looking back | | 4 | 5 |
| Parents happy with school | | 4 | 11 |
| Parents not happy with School | | 4 | 11 |
| Parent's sense of overwhelm | | 3 | 4 |
| Parents supporting child with school Work | | 5 | 6 |
| Perceptions of how child Learns best in class | | 11 | 29 |
| Perceptions of teacher of children of ICA (if any) prior to teaching them | | 7 | 16 |
| Personality | | 14 | 33 |
| Physical health | | 6 | 21 |
| Mental health | | 1 | 2 |
| Post adoption support | | 4 | 7 |
| Preadoption history | Where was child before adoption? | 5 | 10 |
| Birth mother history | | 6 | 11 |
| Preference for males | | 2 | 3 |
| Provoking by other children | | 2 | 2 |
| Reading body language | | 1 | 1 |

| | | | |
|---|---|---|---|
| Repetitive behaviours | | 4 | 6 |
| Resilience | Child thriving despite his challenges | 3 | 4 |
| Response to praise | | 5 | 5 |
| Response to reprimands or punishment | | 3 | 6 |
| School support systems which may benefit ICA children | | 4 | 6 |
| Security | | 7 | 8 |
| Self-care | | 1 | 1 |
| Self-esteem | | 4 | 5 |
| Self-regulation | | 3 | 7 |
| Self-voicing | | 2 | 3 |
| Sense of belonging | | 1 | 2 |
| Sensory issues | Some children are sensitive to touch or sound or light | 12 | 37 |
| Signs of being different | | 2 | 3 |
| Social interaction | How does child interact with his peers | 20 | 54 |
| Speech and language | | 18 | 59 |
| Nuances of language | | 8 | 9 |
| Stress | | 3 | 7 |
| Support sought from other professional services | | 10 | 25 |
| Teacher not aware of some issues | | 10 | 13 |
| Teacher pupil relationship | | 9 | 22 |
| Teachers understanding of child | | 10 | 23 |

| | | | |
|---|---|---|---|
| Teacher's general perception of child | | 10 | 29 |
| Teacher's other responsibilities within the school | Sometimes a teacher may also have a position of seniority or take students for sports or other activities. | 7 | 8 |
| Telling untruths | | 4 | 8 |
| Things that upset him or her | | 8 | 12 |
| Triggers for acting out behaviour | | 4 | 4 |
| Under the radar | | 2 | 2 |
| Type of school and school attributes | For example a 'Deis' school is a government funded school for under-privileged children. Classes are usually smaller and extra services are available in the school such as psychologist and speech therapist | 3 | 4 |
| Unique Child | Child is *different* | 2 | 3 |
| View on what is required for child to improve | | 10 | 22 |
| What class in school | | 4 | 4 |
| What teachers need to support children from ICA | | 3 | 6 |
| Working memory | | 2 | 2 |

## **Appendix 9:** Codebook – Phase 3 Searching for Themes (Developing Categories)

| Phase 3 Categories | Code Definitions (Rules for Inclusion) | Interviews | Units of Meaning coded |
|---|---|---|---|
| Adjustment to adoptive home | Some children took longer than others to settle in | 4 | 8 |
| Adjustment to crèche, preschool and School | | 14 | 39 |
| Adoption process | | 12 | 65 |
| Affect regulation | To include emotional regulation, coping mechanism, and mood regulation | 15 | 34 |
| Awareness of effects of early institutional life on development | | 14 | 29 |
| Behaviour | | 20 | 174 |
| Child's main strengths | | 12 | 31 |
| Child's personality | | 16 | 52 |
| Child's social Interaction | How does child interact with his peers | 20 | 111 |
| Concerns for future | These are some of the factors which parent or teacher would worry about in the future | 17 | 33 |
| Diagnosed conditions and traits of conditions | | 11 | 21 |
| Different to other children | | 9 | 19 |

| | | | |
|---|---|---|---|
| Experience teaching children from intercountry adoptions | | 6 | 10 |
| General factors of importance influencing teaching in classroom | | 12 | 60 |
| Identity and keeping up contact with country of origin | | 9 | 19 |
| Perceptions of how individual ICA children Learn in class | | 12 | 35 |
| School academic engagement | How does child engage with school on an academic level, in behaviour and in social interaction | 20 | 145 |
| School support for ICA child's benefit | | 10 | 18 |
| Teacher's understanding of individual IA children | Parents felt teachers were not helpful | 14 | 59 |

## **Appendix 10:** Codebook – Phase 4 Reviewing Themes (Drilling Down)

| Phase 4 Drilling Down | Code Definitions (Rules for Inclusion) | Interviews | Units of Meaning coded |
|---|---|---|---|
| Adjustment to adoptive home | Some children took longer than others to settle in | 4 | 8 |
| Communication | | 9 | 20 |
| Early stages after coming home | Some found it difficult to settle | 13 | 64 |
| Adjustment to crèche, preschool and school | | 14 | 39 |
| Adoption process | | 12 | 65 |
| Circumstances of adoption | Reasons why placed in institution including birth mother history | 9 | 19 |
| Conditions in the institution | | 10 | 53 |
| Interaction between adoptive parents and Child in the institution | | 11 | 54 |
| Post adoption support | | 4 | 6 |
| Affect regulation | To include emotional regulation, coping mechanism, and mood regulation | 15 | 34 |
| Anxiety and fears | | 9 | 15 |
| Child's coping skills | | 5 | 8 |
| Child's self -awareness | | 6 | 9 |
| Sensory issues | Child may be sensitive to light, sound or touch, or may seek out sensory input | 14 | 53 |
| Awareness of effects of early institutional life on development | | 14 | 29 |
| Unsure of the correct intervention to suit ICA child | | 3 | 4 |
| Behaviour | | 21 | 174 |
| Attachment pattern of behaviour | | 14 | 34 |
| Managing challenging behaviour | | 8 | 17 |

| | | | |
|---|---|---|---|
| Triggers for acting out behaviour | | 4 | 5 |
| Child's main strengths | | 12 | 31 |
| Child's personality | | 16 | 52 |
| Child's social interaction | How does child interact with his peers | 20 | 111 |
| Concerns for future | These are some of the factors which parent or teacher would worry about in the future | 17 | 33 |
| Diagnosed conditions and traits of conditions undiagnosed | | 11 | 21 |
| Autistic traits | | 5 | 7 |
| Developmental delay | Child is delayed in aspects of development | 3 | 6 |
| Hyperactivity | Impulsivity in behaviour combined with over-activity in movement | 9 | 18 |
| Different to other children | | 9 | 19 |
| Experience teaching children from intercountry adoptions | | 6 | 10 |
| General factors of importance influencing teaching in classroom | | 12 | 60 |
| Differentiating the curriculum | | 8 | 39 |
| Factors which prevent a teacher from teaching effectively | | 10 | 24 |
| Perceptions of teacher of children of ICA (if any) prior to teaching them | | 0 | 0 |
| Identity and keeping up contact with country of origin | | 9 | 19 |
| Perceptions of how individual ICA children learn in class | | 12 | 35 |
| School academic engagement | How does child engage with school on an academic level, in behaviour and in social interaction | 21 | 145 |
| Copying down from board | | 6 | 6 |

| | | | |
|---|---|---|---|
| Following a sequence of instructions | | 9 | 13 |
| Handwriting | | 14 | 20 |
| Hearing and listening | | 4 | 8 |
| Homework | | 15 | 27 |
| Irish | Gaelic language | 5 | 6 |
| Literacy | | 19 | 59 |
| Maths | | 19 | 92 |
| Memory | | 11 | 16 |
| Perceived level of intelligence | | 8 | 12 |
| Planning and organising | | 9 | 15 |
| School support for ICA child's benefit | | 10 | 18 |
| Parent school relationship | | 18 | 82 |
| School support systems which may benefit ICA children in the future | | 13 | 31 |
| Support from other professionals before child came into school | | 4 | 7 |
| Support sought from other professional services | | 19 | 88 |
| Teacher’s understanding of individual IA children | Parents felt teachers were not helpful | 14 | 59 |

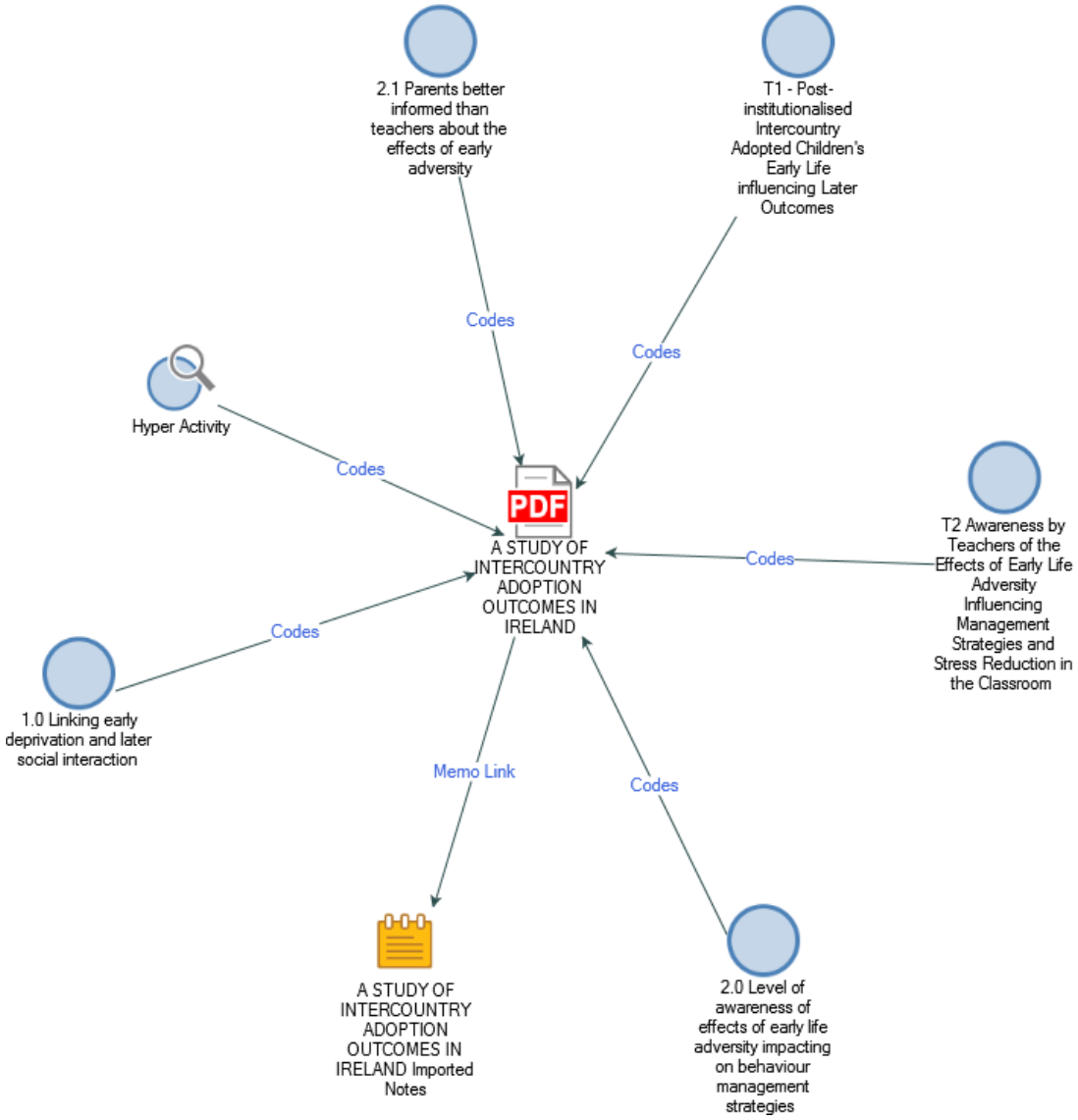
## **Appendix 11:** Codebook – Phase 5 Defining and Naming Themes (Data Reduction)

| Phase 4 Drilling Down | Code Definitions (Rules for Inclusion) | Interviews | Units of Meaning coded |
|---|---|---|---|
| T1 - Post-Institutionalised Intercountry Adopted Children's Early Life influencing Later Outcomes | | 28 | 493 |
| 1.0 Linking early deprivation and later social interaction | Parents' memories of their children's early environment and making links to later social engagement and interaction | 20 | 203 |
| 1.01 Preadoption history | What each parent know about their ICA child's history before adoption | 14 | 134 |
| 1.02 Biological factors, pregnancy and birth factors influencing later outcomes | | 14 | 135 |
| 1.1 Adoptive parent's recollections of their children's pre-adoption living environment and associations with current behaviour | | 16 | 104 |
| 1.1.1 Physical environment and level of care pre-adoption | Conditions in the institutions in which the children lived | 10 | 30 |
| 1.1.2 Poor carer to child interaction with little emotional stimulation | | 10 | 35 |
| 1.2 Recollections of the social emotional states of the children in the institutions prior to adoption and possible impacts on later behaviour and social interaction | | 13 | 62 |
| 1.2.1 Initial meeting and interaction of adoptive parent and child | Adoptive parent met child in the country of the child's birth. | 12 | 41 |

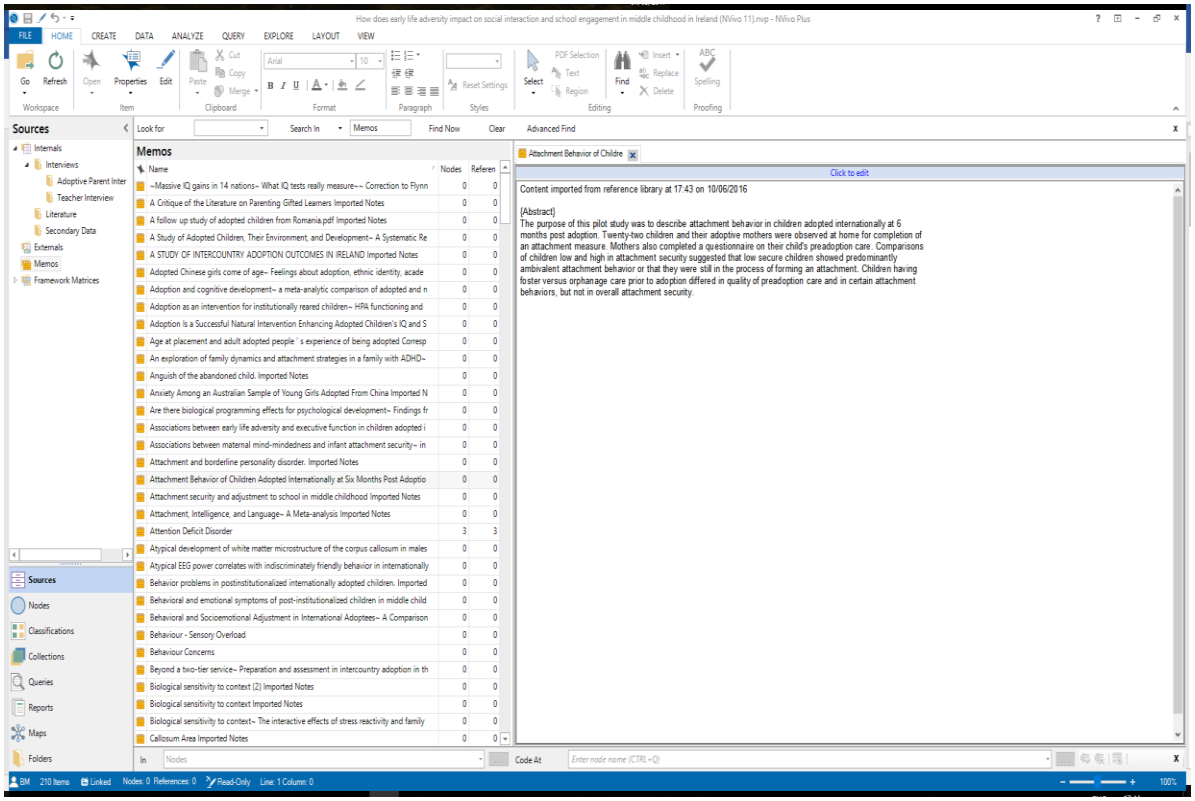
| | | | |
|---|---|---|---|
| 1.2.2 Initial Post adoption children's behaviour impacting on later interaction | | 17 | 71 |
| 1.3 Ongoing issues affecting children's ability to socially interact and engage with school | | 22 | 120 |
| 1,3.1 Communication problems and ongoing issues with language | | 12 | 32 |
| 1.3.2 Social concerns in School and lack of team participation | | 20 | 112 |
| 1.3.3 Sensory-seeking and sensory avoiding behaviour impacting on social interaction and school engagement | Children may be oversensitive or under-sensitive to sound, light or touch | 19 | 100 |
| T2 Awareness by Teachers of the Effects of Early Life Adversity Influencing Management Strategies and Stress Reduction in the Classroom | Some teachers were more aware of the effects of institutionalisation and teratogens in pregnancy compared to others. | 32 | 823 |
| 2.0 Level of awareness of effects of early life adversity impacting on behaviour management strategies | | 27 | 162 |
| 2.0.1 Professionals outside school | | 16 | 49 |
| 2.0.2 Parents and teachers identifying 'difference' in ICA children | | 9 | 19 |
| 2.0.3 Stress and anxieties possibly associated with early life adversity | Memories of institutional life, triggered by noise, smells or groups of children together | 15 | 33 |

| | | | |
|---|---|---|---|
| 2.1 Parents better informed than teachers about the effects of early adversity | | 31 | 310 |
| 2.1.1 Parent teacher relationships influencing management strategies in the classroom | | 14 | 29 |
| 2.2 School engagement of ICA children and management strategies by teachers in the classroom | | 19 | 187 |
| 2.2.1 Children engaging with the curriculum | Here this relates to problem solving in maths | 19 | 220 |
| 2.2.2. Managing challenges in school with language, reading comprehension and other academic challenges | Homework; Literacy; Numeracy | 19 | 142 |
| 2.2.3 Differences in understanding and managing anxiety and behaviour challenges in school | How teachers manage behaviour challenges | 8 | 25 |
| T3.0 - Strategies identified by adoptive parents and teachers in order to best support ICA children's Social Interaction and School Engagement in the Future | | 21 | 288 |
| 3.0.1 Assessments and extra resources identified for school | | 19 | 102 |
| 3.0.2 Extra training identified by parents and by teachers | | 11 | 23 |
| 3.0.3 Concerns for ICA children's future | These are some of the factors which parent or teacher would worry about in the future | 20 | 65 |
| Concerns by parents | | 10 | 34 |
| Concerns by teachers | | 10 | 32 |

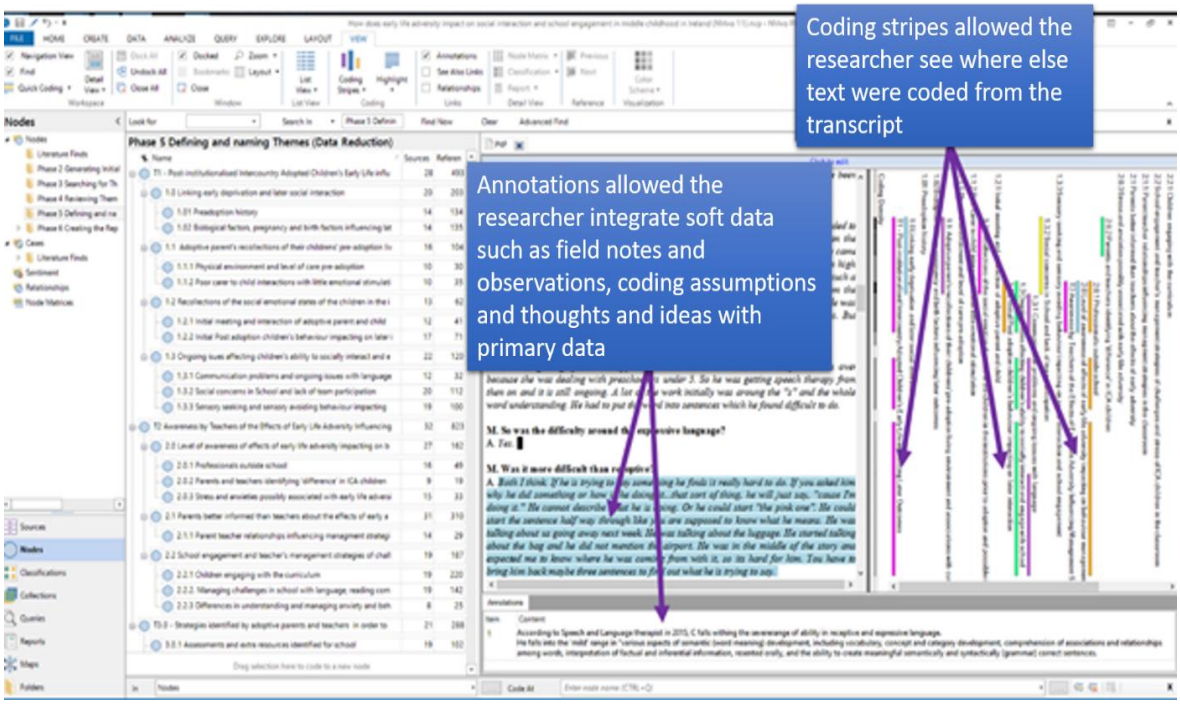
**Appendix 12:** Example of Literature Integration with Thematic Framework



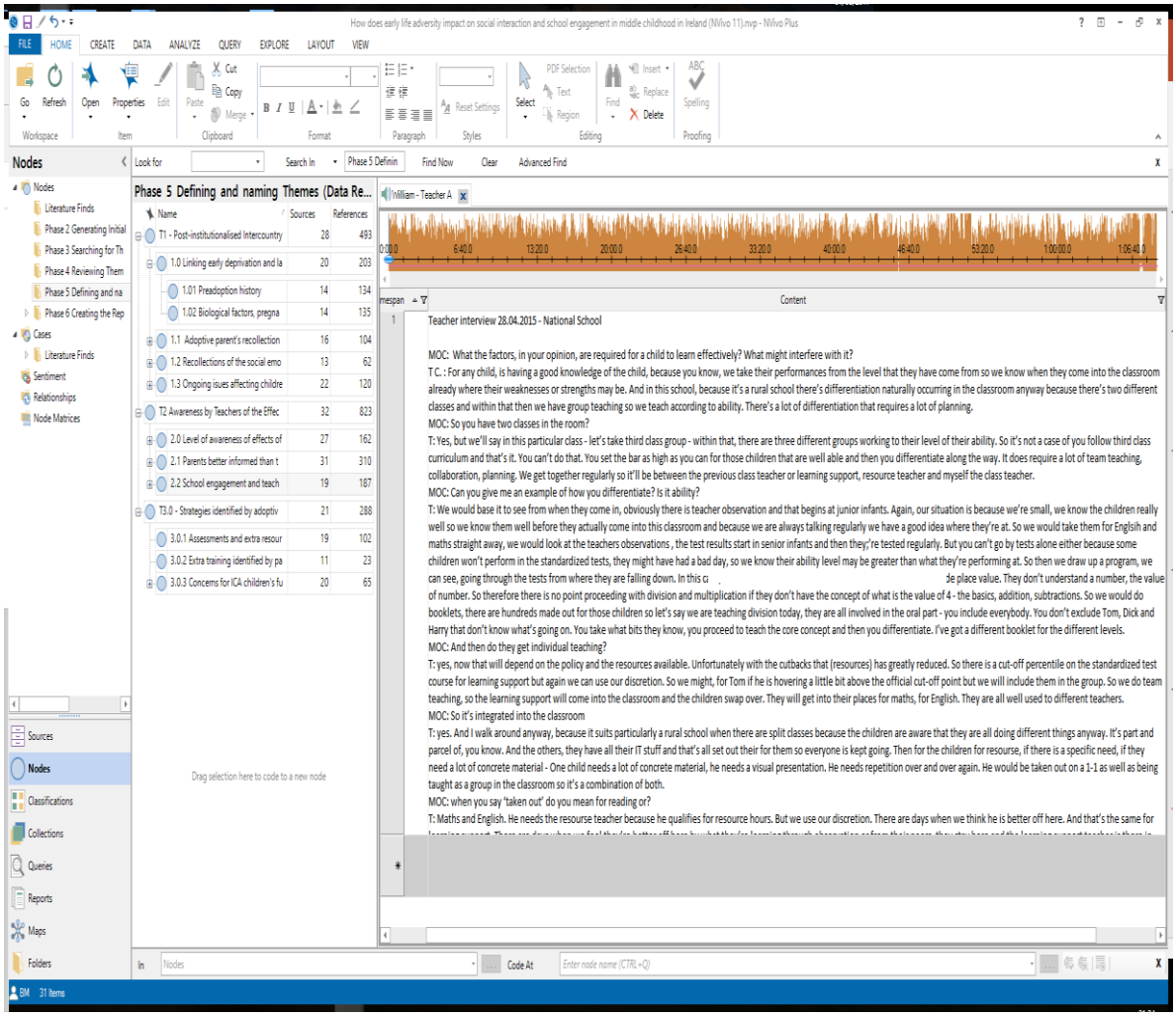
## **Appendix 13:** Example of Analytical Memos



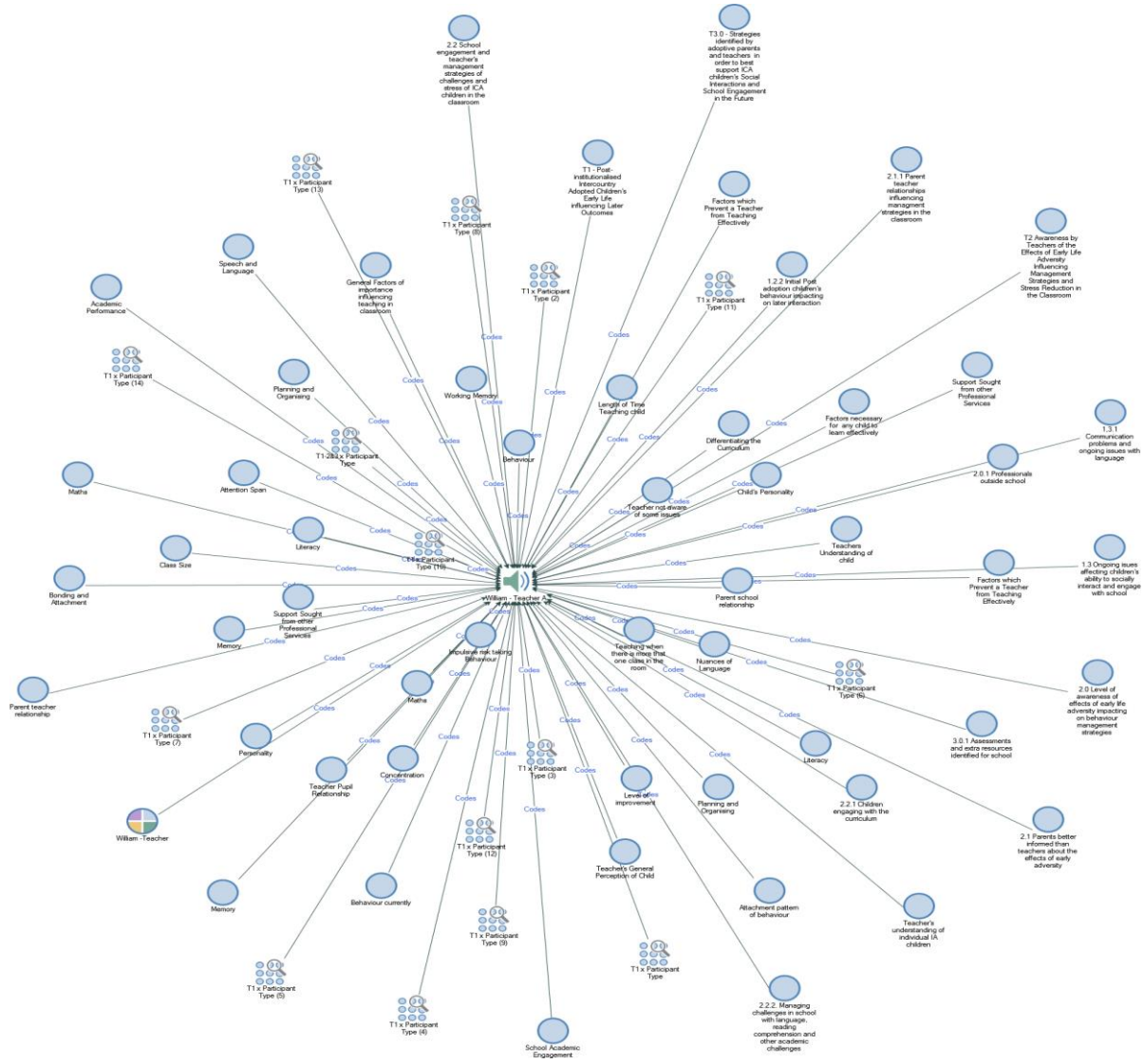
**Appendix 14:** Example of Researcher Annotations and Coding Stripes



**Appendix 15:** Example of Coding Straight from Audio



## **Appendix 16:** Example of Themes Coded Directly into Audio



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